

# TITLE VI COMPLAINT FORM

Any person who believes they have been discriminated against on the basis of race, color, or national origin by Valley Metro or its service providers may file a Title VI complaint to Valley Metro Customer Service.

Please provide the following information necessary in order to process your complaint. Alternative formats and languages are available upon request. Complete this form and mail or deliver to: Regional Public Transportation Authority, 4600 E. Washington St., Suite 101, Phoenix, Arizona 85034. You can reach Customer Service at 602.253.5000/TTY: 602.251.2039, or email at [csr@valleymetro.org](mailto:csr@valleymetro.org).

## Section I: Customer Information

Name:		
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	Cell Phone:
Email Address:		

## Section II: Incident Information

Date of Incident:	Time of Incident:	AM/PM	City:			
Incident Location:		Direction of Travel:				
Route #:	Bus/Light Rail #:					
Service Type:	<input type="checkbox"/> Local	<input type="checkbox"/> LINK	<input type="checkbox"/> Express/RAPID	<input type="checkbox"/> Light Rail	<input type="checkbox"/> Circulator/Connector	<input type="checkbox"/> Dial-a-Ride
Operator Name:						
Operator Description:						
What was the discrimination based on? (Check all that apply)						
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Other:		

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Have you filed this complaint with the Federal Transit Administration?  Yes  No

If yes, please provide information about a contact person at the Federal Transit Administration where the complaint was filed.

Name:	Title:
Address:	Telephone:

Have you previously filed a Title VI complaint with this agency:  Yes  No

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Signature Date

602.253.5000  
TTY: 602.251.2039  
[valleymetro.org](http://valleymetro.org)

