



**Title VI Complaint Form
Regional Transit Authority (RTA)
Office of Civil Rights**

RTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by emailing dhjohnson@rtaforward.org. The completed form must be returned to RTA Office of Civil Rights, Title VI Coordinator, 2817 Canal Street, New Orleans, LA 70119

Name:	Telephone (Home): Alt. Phone:
Address:	Electronic Mail Address:
	Access Format Requirement: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other.
Person(s) discriminated against (if someone other than complainant):	
Street Address, City, State & Zip Code:	
Which of the following best describes the reason for the alleged discrimination took place? (Check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	Date of Incident: On the follow page, please 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. If information is needed in another language, then contact (504) 827-8377.

Complete reverse side of form

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Please describe the alleged discrimination incident.

Have you filed a complaint with any other federal, state or local agencies? Check one: Yes No
If so, list agency / agencies and contact information below:

Agency:

Contact Name:

Street Address, City, State & Zip Code:

Phone:

Agency:

Contact Name:

Address, City, State & Zip Code:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature:

Date:

Phone:

Print or Type Name of Complainant

Date Received:

Received By: