

Title VI Complaint Form Worksheet

Tell us how to contact you:

Name: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Best time to call (if additional information is needed): _____

E-mail Address: _____

Date of Alleged Incident: _____

Were you discriminated against because of:

Race National Origin Color

Other _____

Please explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include as much detail as possible including names and contact information of witnesses.

(use back if more space is needed for explanation)

Have you filed this complaint with any other federal, state or local agency?

Federal Agency State Agency Local Agency

If you have filed a complaint, please provide information about a contact person at the agency where the complaint was filed.

Name: _____

Address: _____

City, State & Zip Code: _____

Phone: _____

E-Mail: _____

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

Signature

Date

This form may be taken to the Customer Service Office at the Cherriots Downtown Transit Center or it may be brought to or mailed to the Cherriots Administrative Office at:

Stephen Dickey – Civil Rights Officer

Cherriots

555 Court St. NE, Suite 5230

Salem, OR 97301