

## **City of Casper Transit Division**



## **Title VI Discrimination Complaint Form**

Title VI of the Civil Rights Act of 1964 protects people from discrimination based on race, color and national origin in programs and activities receiving financial assistance. Any person who believes she or he has been discriminated against on the basis of race, color or national origin may file a Title VI complaint by completing and submitting Casper Area Transit's Title VI Complaint Form.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Officer at (307) 235-8241. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Coordinator. Under these circumstances, the Complainant will be interviewed, and the Title VI Coordinator will assist the Complainant in converting the verbal allegations to writing.

Complete and return this form to: City of Casper Title VI Officer – Community Development 200 North David, Room #203 Casper, WY 82601-1894

Please provide your name and contact information						
Name:						
Address:						
City:						
State:		Zip:				
County						
Home Phone:		Cell Phone:				
Email Address:						
Date of Birth:						
BASIS OF THE DISCRIMINATORY ACT(S)						
Please specify the categories which you marked						
Race:	National Origin	1:	Color:			

COMPLAINANT CONTACT INFORMATION

<sup>\*</sup>All information contained in this form remains confidential

WHEN DID THE DISCRIMINATORY ACT(S) OCCUR?						
Beginning Date of the Alleged Act:						
End Date of the Alleged Act:						
Is the Alleged Act Ongoing?						
CONTACT INFORMATION  Please provide the name and contact information of the person that you believe discriminated against you.  Name:						
CLALA	7:					
State:	Zip: Phone Number:					
County:						
you.  Name of Entity:  Address:						
State:	Zip:					
City: State: County:						
TELL US WHAT HAPPE happened. Provide dates, if ently than others. Use addition	applicable, and describe how you were					
	YES NO  CONTACT INFORMAT tact information of the entity  State:  CONTACT INFORMAT tact information of the entity  State:  TELL US WHAT HAPPE happened. Provide dates, if					

TELL US WHAT HAPPENED (CONTINUED)			
Please sign below to acknowledge that the information entered in the complaint is true and correct.			
Complainant Signature		Date	

## WITNESSES

Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible. Use additional paper if needed.

as much contact information as po	ossibie. Use adaitionai paper	іј пееаеа.			
Witness #1:					
Name of Entity:					
Address:					
City:	State:	Zip:			
Phone Number:					
Witness #2:					
Name of Entity:					
Address:					
City:	State:	Zip:			
Phone Number:					
Witness #3:					
Name of Entity:					
Address:					
City:	State:	Zip:			
Phone Number:					
Witness #4:					
Name of Entity:					
Address:					
City:	State:	Zip:			
Phone Number:					
Witness #5:					
Name of Entity:					
Address:					
City:	State:	Zip:			
Phone Number:					