



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

COMPLAINANT CONTACT INFORMATION <i>Please provide your name and contact information</i>	
Name:	
Address:	
City:	
State:	Zip:
County	
Home Phone:	Cell Phone:
Email Address:	
Date of Birth:	

BASIS OF THE DISCRIMINATORY ACT(S) <i>Please specify the categories which you marked</i>		
Race:	National Origin:	Color:

*All information contained in this form remains confidential

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.

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: