TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in transit services with Wet Mountain Valley Community Service or Golden Shuttle/Fremont County Transit, please provide the following information in order to assist us in processing your complaint and send it to:

Upper Arkansas Area Council of Governments ATTN: Judy Gilkerson, Transportation Coordinator 3224 – A Independence Road Canon City, CO. 81212 Ph. 719.275.1675 X 104 Fax 719.275.2907

| Please print clearly: Name: | | |
|-----------------------------------------------------------------------------|------------------------------|--------|
| Address: | | |
| City, State, Zip Code: | | |
| Telephone Number: | (home) | (cell) |
| Person discriminated against: | | |
| Address of person discriminated a | against: | |
| City, State, Zip Code: | | |
| Please check off why you believe race or color national origin income other | the discrimination occurred: | |

| What was the date of the alleged discrimination? |
|---------------------------------------------------------------------------------------------------------|
| Where did the alleged discrimination take place? |
| Please describe the circumstances as you saw it: |
| |
| |
| |
| Please list any and all witnesses' names and phone number: |
| |
| What type of corrective action would you like to see taken? |
| |
| Please attach any documents you have which support the allegation. |
| Then date and sign this form and send to the Transportation Coordinator. (address is listed on page 1). |
| Your Signature |
| Print your name |
| Date |