AKRON METROPOLITAN AREA TRANSPORTATION STUDY (AMATS)
TITLE VI / CIVIL RIGHTS COMPLAINT FORM

Section I				
Name:				
Address:				
Telephone (Home):		*Telephone (Work):*		
Electronic Mail (E-Mail) Address:				
Accessible Format Requirements?	*Large Print*		*Audio Tape*	
	TDD		*Other*	

Section II		
Are you filing this complaint on your own behalf?	*Yes**	*No*
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are filing this complaint:		
Please explain why you have filed for a third party: _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	*Yes*	*No*

Section III

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin [ ] Other_____

Date of Alleged Discrimination (Month, Day, Year): _____

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 of any witnesses. If more space is needed, please use the back of this form.

_____

_____

_____

_____

_____

Section IV		
Have you previously filed a Title VI complaint with this agency?	*Yes*	*No*

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Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? *[ ] Yes* *[ ] No* *If yes, check all that apply:* *[ ] Federal Agency:* _____ *[ ] Federal Court* _____ *[ ] State Agency* _____ *[ ] State Court* _____ *[ ] Local Agency* _____
Please provide information about a contact person at the agency/court where the complaint was filed:
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

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

Signature and date required:

_____ _____

Signature *Date*

Please submit this form in person at the address below, or mail this form to:

Jeff Gardner
Title VI Coordinator
Akron Metropolitan Area Transportation Study (AMATS)
Suite 1300 PNC Building
1 Cascade Plaza / Akron, Ohio 44308-1136
Phone: 330.375.2436 x.4431
E-Mail: amats@akronohio.gov