

LEWIS COUNTY TRANSIT

Civil Rights Complaint

Title VI of the Civil Rights Act of 1964 states "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."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: Lewis Public Transportation Benefit Area, Title VI Coordinator, 212 E Locust Street, Centralia, WA 98531.

Complainant Contact Information

Full Name:		
Address:		
Home Phone #:	Other Phone #:	
Email address:		
Are you filing this complaint on your own behalf?	Yes	No*
<i>*If no, please answer the following three questions</i>		
<i>Please provide your name and relationship to the complainant:</i>		
Please explain why you have filed this complaint on behalf of the complainant:		
Have you obtained permission from the complainant to file this complaint on their behalf?	Yes	No

Complaint Information

I believe Lewis Public Transportation Benefit Area discriminated against me because of my (check all that apply):
Date of Alleged Discrimination (month/day/year): <i>Complaints older than 180 days may not be investigated</i>

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 attach pages or use the back of this form:

Please attach any documents you believe are relevant to this complaint.

Complaint History

Have you filed this complaint with any other Federal, State or Local agency or court?	
<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If yes, please indicate the agency/court where the complaint was filed:	
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> State Court: _____	<input type="checkbox"/> Other/unsure: _____
<i>Please provide contact information about the agency/court where the complaint was filed</i>	
Date Filed:	
Contact Person:	Phone #:
Agency/Court Address:	

Personal Certification of Truthfulness & Signature

I hereby certify and attest that the above statements are true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Complainant's Signature Date

Please submit this form in person, or certified mail to:
 Lewis Public Transportation Benefit Area
 Attn: Title VI Coordinator
 212 E. Locust St.
 Centralia, WA 98531

This section is for internal use only

Complaint Received by:
Date & Time of Receipt:
Forwarded to: