

The Moccasin Express

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, please provide the following information in order to assist us in processing your complaint and sent it to:

The Moccasin Express
PO Box 100
Wellpinit, Wa 99040
By phone: 509-458-6549

Please print clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ (home) _____

(cell) _____ (message)

Person discriminated against:

Address of person discriminated against:

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

_____ race or color _____ other

_____ national origin _____ income

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

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 Title VI Coordinator at the address listed on page 1 of this document.

_ Your signature

 Print your name

___/___/___
 Date