Johnson City Transit Title VI Complaint Form

The purpose of this form is to assist you in filing a Title VI complaint against Johnson City Transit (JCT), a department of the City of Johnson City. Signed, written complaints should be submitted to:

Steve Willis, Human Resources Director City of Johnson City 601 East Main Street Johnson City, TN 37601 (Telephone: 423/434-6016)

If you are not satisfied with the results of the investigation of your complaint by the City of Johnson City, or you wish to file immediately with another agency, you may use this form to file a Title VI complaint with the Civil Rights Division of the Tennessee Department of Transportation, or the Federal Transit Administration. Addresses for these agencies are:

Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Office of Civil Rights, Title VI Division Attention: Title VI Program Director Tennessee Department of Transportation Suite 1800, James K. Polk Building Nashville, TN 37243

Nashville, TN 37243 Telephone: 615/741-3681

You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used. A written complaint must be filed within 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Federal Transit Administration.

formation provided in	an accessible fo	ormat, please
Audio tape	TDD	Another
Other		
	Audio tape	

	TITLE VI COMPLAINT INFORMATION			
1.	. * State your name and address.			
	Name:Address:			
	Zip			
	Telephone No:			
	Home: () Work ()			
2.	* Person(s) discriminated against, if different from above:			
	Name:			

	Address:
	Zip
	Telephone No:
	Home: ()Work () Please explain your relationship to this person(s).
3.	* Agency and department or program that discriminated:
	Name:
	Any individual if known:
	Address: Zip
	Telephone No: (
of stream	* Non-employment: Does your complaint concern discrimination in the delivery services or in other discriminatory actions of the department or agency in its atment of you or others? If so, please indicate below the bases(s) on which you ieve these discriminatory actions were taken (e.g., "Race: African American" or ex: Female").
	Race/Color:
	National origin:
	Sex:
	Religion:
	Age: Disability:
	Disability
the beli	* Employment: Does your complaint concern discrimination in employment by department or agency? If so, please indicate below the base(s) on which you ieve these discriminatory actions were taken (e.g., "Race: African American" or ex: Female").
	Race/Color:
	National origin:
	Sex:
	Religion:
	Age: Disability:
	Diodoliky
5.	What is the most convenient time and place for us to contact you about this complaint?
6	If we will not be able to reach you directly, you may wish to give us the
υ.	name and phone number of a person who can tell us how to reach you and
	or/provide information about your complaint:
	Name:
	Telephone No: ()

	Name:			
	Address:			
			Zip	
	Telephone No: (_)		
	* To your best recolle place? Earliest dat			ged discrimination take
	Most recent	date of discrimi	nation:	
)_	happened, and how Be sure to include h	you were discrii ow other persor ets if necessar	minated against. In successions were treated dif	ened, why you believe indicate who was involved ferently from you. (Please copy of written materials
0.		nom we may co		
	others), if known, wl	nom we may co		
	others), if known, wl clarify your complain	nom we may co t.		al information to support of Area Code/
	others), if known, wl clarify your complain	nom we may co t.		al information to support of Area Code/
	others), if known, wl clarify your complain	nom we may co t.		al information to support of Area Code/
	others), if known, wl clarify your complain	nom we may co t.		

12.	What remedy are you seeking for the alleged discrimination?
13.	Have you (or the person discriminated against) filed the same or any other complaints with other Federal offices?
	Yes No
	If yes, do you remember the Complaint Number?
	, , ,
	Against what agency and department or program was it filed?
	Address of agency
	Zip
	Telephone No of agency)
	Date of Filing:
	Date of Filling.
	Briefly, what was the complaint about?
	NAME of cooperation and analysis of the cooperation
	What was the result?
14.	SIGNATURE (A complaint that has not been signed cannot be accepted.)
	. ,
	
	(Signature) (Date)

Please feel free to attach additional explanatory sheets.