

# Title VI Complaint Form

## Des Moines Area Regional Transit Authority (DART)

DART is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 300 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the DART Customer Service Manager by calling (515) 283-8131. The completed form must be returned to DART, Customer Service Manager, 620 Cherry Street, Des Moines, Iowa 50309.

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

**PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN COMPLAINANT):**

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

**WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION? (CHECK WHICH APPLY)**

- RACE
  COLOR
  NATIONAL ORIGIN  
 LIMITED ENGLISH PROFICIENCY
  OTHER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_



**HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)**

YES

NO

**IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:**

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

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ADDRESS:	PHONE NUMBER:

**I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.**

\_\_\_\_\_  
**COMPLAINANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT OR TYPED NAME OF COMPLAINANT**

**DATE RECIEVED:**

**RECEIVED BY:**