

Minnesota Valley Transit Authority Title VI Plan



Minnesota Valley Transit Authority

100 E. Highway 13 • Burnsville, MN 55337

Phone: 952-882-7500 • Fax: 952-882-7600 • E-mail: mvta@mvta.com

EXHIBIT C - TITLE VI COMPLAINT FORM

PART I – COMPLAINANT INFORMATION (Print all items legibly.)

Name		Telephone
Mailing Address		
City	State	Zip Code

PART II – ALLEGED DISCRIMINATING OFFICIAL(S) INFORMATION (Print all items legibly.)

Name		Telephone
Mailing Address		
City	State	Zip Code

PART III – CAUSE OF DISCRIMINATION BASED ON (Check appropriate box [es].)

Race Color Sex Age National Origin Disability/Handicap

Sexual or Other Harassment Income Status

PART IV – THE PARTICULARS ARE (Include names, dates, places, and incidents involved in the complaint.)

(If additional space is needed, attach extra sheet[s].)

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PART V – REMEDY SOUGHT (State the specific remedy sought to resolve the issue[s].)

PART VI – COMPLAINT FILED WITH OTHER AGENCIES

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 each box that applies:

____ Federal Agency

____ Federal Court

____ State Agency

____ State Court

____ Local Agency

If you filed this complaint elsewhere as well, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PART VII – VERIFICATION

Complainant's Signature _____ Date _____