



Winona ORC
 1053 East Mark Street, Winona, MN 55987
 (P)507-452-1855 (F) 507-452-1870
Title VI Civil Rights Complaint Form

Section I

Name:

Address:

Telephone (Home): _____ **Telephone (Work):** _____

Electronic Mail Address: _____

Accessible Format Requirements? (check all that apply)	Large Print	Audio Tape
	TDD	Other:

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

Section II

Are you filing this complaint on your own behalf? **Yes** **No**

***If you answered "yes" to this question, go to Section III.**

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.
 Yes **No**

Section III

I believe the discrimination I experienced was based on (check all that apply):
 Race Color National Origin Date of Alleged Discrimination (Month, Day, Year): _____

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 use the back of this form or attach additional pages.



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Section IV	
Have you previously filed a Title VI complaint with Winona ORC? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes, please name the agency and a copy of the complaint form.	
[<input type="checkbox"/>] Federal Agency: _____	
[<input type="checkbox"/>] Federal Court _____	[<input type="checkbox"/>] State Agency _____
[<input type="checkbox"/>] State Court _____	[<input type="checkbox"/>] Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	
Section VI	
Name of agency complaint is against: _____	
Contact person: _____	
Title: _____	
Telephone number: _____	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:

**Winona ORC, Title VI Coordinator
1053 East Mark Street
Winona, MN 55987**

Please note we cannot accept your complaint without a signature.