

# Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, “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.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Title VI Complaints must be filed within 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

SCCOG Transit, 300 S Bonaventure Ave, Trinidad, CO 81082

Contact us Monday – Friday, 8 a.m.- 4 p.m. at 719-845-1127 or email [transitinfo@sccog.net](mailto:transitinfo@sccog.net).

1) Complainant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

2) Person who has discrimination complaint (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

3) What was the discrimination based on? (Check all that apply)

Race  Color  Low Income  National Origin  Limited English Proficiency

4) Government, or organization, or institution complaint is about:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

5) Date of incident resulting in complaint: \_\_\_\_\_

6) Describe the circumstances leading to this complaint. What happened and who was responsible? (provide names if possible of the individuals involved ). For additional space, attach additional sheets of paper as necessary.

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7) Where did the incident take place? Please provide location, bus number, etc.

\_\_\_\_\_

8) Witnesses? Please provide their contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

9) Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? \_\_\_ Yes \_\_\_ No

If yes, what is the status of the grievance?

\_\_\_\_\_

10) Did you file this complaint with another federal, state, or local agency; or with a federal or state court? \_\_\_ Yes \_\_\_ No

If the answer is yes, check each agency the complaint was filed with:

\_\_\_ Federal Agency \_\_\_ Federal Court \_\_\_ State Agency \_\_\_ State Court \_\_\_ Local Agency  
\_\_\_ Other

Please provide contact person information for the agency/court/other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone

No.: \_\_\_\_\_ Date

filed: \_\_\_\_\_

**Sign the complaint in the space below. Attach any documents you believe support your complaint.**

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Signature Date