



Operated by Transit Authority of the City of Omaha

Title VI Complaint Form Metro Office of Civil Rights

Metro 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 180 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 Title VI Coordinator by calling (402) 341-0800 voice or (402) 341.0808 TDD.

The completed form must be returned to:

Metro Office of Civil Rights,
Linda Barritt, Title VI Coordinator
2222 Cuming Street, Omaha, NE 68102-4392.

Please Print.

Mr. Mrs. Ms _____
 Circle One Last First Middle

Street Address City State Zip

Telephone: _____ Business _____ Cell _____
 Area Code Number Area Code Number Area Code Number

Person Discriminated Against, if Someone other than Complainant:

Mr. Mrs. Ms _____
 Circle One Last First Middle

Street Address City State Zip

Telephone: _____ Business _____ Cell _____
 Area Code Number Area Code Number Area Code Number

Which of the following best describes the reason for the alleged discrimination?

Check One:

- RACE
- COLOR
- NATIONAL ORIGIN (Limited English Proficiency)

Date of Incident: _____

Time of Incident: _____

Please describe the alleged discrimination incident on the pages 3 and 4.

Have you filed with any other federal, state or local agency?

Check One: Yes No

If you answered yes, please list agency / agencies and contact information:

1. Agency Name _____
Contact Name: Mr. Mrs. Ms. _____
Circle One
Address _____
Number Street City State Zip
Telephone _____ Fax _____ Email _____
2. Agency Name _____
Contact Name: Mr. Mrs. Ms. _____
Circle One
Address _____
Number Street City State Zip
Telephone _____ Fax _____ Email _____
3. Agency Name _____
Contact Name: Mr. Mrs. Ms. _____
Circle One
Address _____
Number Street City State Zip
Telephone _____ Fax _____ Email _____

I affirm that I have read the above charge and it is true to the best of my knowledge.

_____/_____/_____
Original Signature of Complainant Applicant (under 18, signature of parent or guardian) Month / Date / Year

Print or Type Name of Complainant _____

Date Received: _____
Received BY: _____
Title: _____

