

Title VI Discrimination Complaint

Name:	Phone:	Name of Person(s) That Discriminated Against You:
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If Known)
City, State, Zip		City, State, Zip
Discrimination Because of (Please Circle One):		Date of Alleged Incident:
Race/Color Sex Disability Age National Origin Retaliation		
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.</p>		
Signature:		Date:

Please submit this form to one of the following agencies:

<p style="text-align: center;">DuFAST TRANSIT</p> <p>ATTN: TITLE VI COORDINATOR/EXECUTIVE DIRECTOR 178 SPIDER LAKE ROAD, DUBOIS, PA 15801</p> <p style="text-align: center;">PHONE: 814.371.3940 FAX: 814.371.0483 E-MAIL: dufast@comcast.net</p>	<p style="text-align: center;">FEDERAL TRANSIT ADMINISTRATION</p> <p style="text-align: center;">OFFICE OF CIVIL RIGHTS</p> <p>ATTN: TITLE VI PROGRAM COORDINATOR EAST BUILDING, 5TH FLOOR 1200 JERSEY AVE., SE WASHINGTON, D.C. 20590</p>
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