Title VI of the 1964 Civil Rights Act requires that “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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Director of Administrative Services at (541) 682-6100.

Complete and return this form to: Director of Operations and Customer Satisfaction, Lane Transit District, P. O. Box 7070, Springfield, OR 97475-0470.

1. Complainant’s Name: ________________________________

2. Address: ________________________________


4. Telephone (home): ________________________________ (business): ________________________________

5. Person discriminated against (if someone other than the complainant):

   Name: ________________________________

   Address: ________________________________

   City: ________________________________ State: ________________ Zip Code: ______

6. Which of the following best describes the reason you believe the discrimination took place?
   Was it because of your:
   a. Race/Color o   b. National Origin o   c. Age o   d. Gender o
   e. Income o

7. What date did the alleged discrimination take place?

   ____________________________________________________________

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible.

   ____________________________________________________________

   ____________________________________________________________
9. Have you filed this compliant 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 ☐

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: __________________________________________________________

Address: __________________________________________________________________________

City: __________________________ State: ______________ Zip Code: _______________________

Telephone Number: __________________________

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

Complainant’s Signature ___________________________________________ Date ____________________________