

SPACE COAST AREA TRANSIT

TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in program activities receiving Federal financial assistance. Title VI states: "No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance" (42 U.S.C. §2000d).

Before completing this form, please read the Space Coast Area Transit Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at the phone number listed. Complaints must be filed within 180 calendar days after the dated alleged discrimination occurred.

Section I:

Name: _____

Address: _____

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

Email Address: _____

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: _____

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): _____

Location where incident occurred: _____

Name and title of person who allegedly subjected you to Title VI discrimination: _____

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, attach a separate sheet.

Section IV			
Have you previously filed a Title VI complaint with Space Coast Area Transit?		Yes	No
Section V			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		Yes	No
If yes, check all that apply and name applicable agency:			
<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:			
<i>You may attach any written materials or other information that you think is relevant to your complaint.</i>			
AFFIRMATION			
I hereby swear and affirm that the information I have provided in this Title VI Complaint Form is true and correct to the best of my knowledge, information, and belief.			
_____		_____	
Signature		Date	
<i>Please submit this form in person at the address below, or mail this form to:</i>			
Jim Liesenfelt			
Space Coast Area Transit			
401 South Varr Avenue, Cocoa, FL 32922			
Telephone (321) 635-7815; Facsimile (321) 633-1905			
Email: Jim.Liesenfelt@brevardcounty.us			

LANGUAGE TRANSLATION SERVICE AVAILABLE

NOTE: *If you require this Title VI Complaint Form to be translated into another language, please click on either "Microsoft Translator" or "Google Translate" at the top right corner of this web page and select the appropriate language for your translation.*