

Title VI Discrimination Complaint Form

Neligh Dial-A-Ride Public Transit

To file a Title VI complaint of discrimination, please complete this Complaint Form in full and submit it within 180 days following the alleged incident using the provided agency contact information. Complaints received after 180 days will not be eligible for investigation. Title VI complaints must involve issues pertaining to race, color, or national origin. Complaint Forms may be submitted by an individual or a representative of that individual.

Complaints must be made in writing and contain as much information as possible about the alleged discrimination. If complaints are received by telephone, the information will be documented in writing and provided to the complainant for confirmation or revision and signature prior to processing. The written complaint should include the complainant's name, address, and telephone number, as well as a detailed description of the issues and the name(s) and job title(s) of individuals perceived as parties in the complaint.

After completing this Complaint Form, please return it to the address below:

Neligh Dial-A-Ride Public Transit

Attn: Title VI Transit Manager
202 Main Street, PO Box 87
Neligh, NE 68756-0087
(402)-887-4225
dana@neligh.org

Complainants may also choose to return this form to the Nebraska Department of Transportation at the following address:

Nebraska Department of Transportation

Kimberly Baker, Civil Rights Compliance Manager
1500 Nebraska Parkway
P.O. Box 94759
Lincoln, NE 68509-4759
(402)-479-4544 or ndot.civilrights@nebraska.gov

This form may also be submitted to the Federal Transit Administration at the following address:

Federal Transit Administration

Region 7
901 Locust Street, Suite 404
Kansas City, MO 64106
Phone 816-329-3920

Para obtener una copia de este documento en Español, favor de visitar el sitio de web de la agencia a <http://www.neligh.org/city-hall/dial-a-ride/>. Para asistencia adicional, favor de ponerse en contacto con la agencia o el Departamento de Carreteras de Nebraska al numero telefónico dado anteriormente. Un interprete telefónico está disponible para asistir personas de dominio de Inglés limitado.



Complainant:		Phone:
Address:		Email:
Person Discriminated Against if Different from Above:		Phone:
Address:		Email:
Type of Discrimination: <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation		Date of Incident:
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:		
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 complaint (attach additional pages if necessary):		
Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint:		

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

Signature

Date

Attachments: Yes No

Please submit this completed form using the contact information provided on page 1.

FOR OFFICE USE ONLY	
Received By:	Date: