

Appendix A Title VI Complaint Form
UPTD Title VI / ADA Complaint Form

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Email: _____

Do you feel you were discriminated against because of your (check all that apply):

Race Color National Origin Disability Other

If other, please explain:

Date & time of the alleged incident: _____

Route and/or bus number: _____

Driver's name or description: _____

Explain as clearly as possible what happened and how you were discriminated against. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages:

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

Yes No

If yes, check and identify all that apply:

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency
- Local Court

Please provide information for a contact person at the Agency or Court where the complaint was filed:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Email: _____

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature

Date

Please send completed form to:

Mail:

Umpqua Public Transportation District 3076 NE Diamond Lake Blvd, Roseburg, OR 97470

Email: cjohnson@umpquatransit.org

In person:

Umpqua Public Transportation District 3076 NE Diamond Lake Blvd, Roseburg, OR 97470