

Battle Creek Transit (BCT)
Title VI Complaint Form

The following information is necessary to assist us in processing and investigating your complaint. If you require assistance in completing this form, then please contact the Title VI Coordinator at (269) 966-3588.

Section I:

Name: _____ Telephone No.: (____) _____
Address: _____ Alt. Tele. No.: (____) _____
City: _____ State: _____ Zip Code: _____
Electronic Mail (email) address: _____

Section II:

Are you filing this complaint on your own behalf? ☐ Yes* ☐ No

*If you answered "yes" to this question, then skip to Section III.

If not, then 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

Which of the following best describes the reason you believe the alleged discrimination was based on? (Check all that apply)

☐ Race ☐ Color ☐ National Origin

Date of Alleged Discrimination (month/day/year): _____

Explain as clearly as possible what happened and how you believe you were discriminated against. Describe all persons who were involved, and provide the names and title of all BCT employees involved, if possible. Be sure to include the names and contact information of any witnesses. If more space is needed, then please use the back of the form.

Witnesses to alleged discrimination:

Name: _____ Contact Info.: _____
Name: _____ Contact Info.: _____
Name: _____ Contact Info.: _____

Section IV:

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:

_____ Federal agency _____ Federal court _____ State agency _____
_____ State court _____ Local agency

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

Name: _____
Title: _____
Address: _____
City, State, and Zip Code: _____
Telephone Number: _____

Section V:

Name of the agency complaint is against: _____
Contact person: _____
Title: _____
Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint. I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature and date required below:

Signature

Date

Please submit this form in person at the address below or mail this form to:

**Title VI Coordinator
Battle Creek Transit
339 West Michigan Avenue
Battle Creek, MI 49037-2313**

Date Received: _____ Received By: _____
--