

Title VI Complaint Form

Gulf Coast Transit District(GCTD)

GCTD is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact GCTD at 1 800-266-2320. The completed form must be returned to GCTD, 1415 33rd Street North, Texas City, Texas 775.

Your Name:	Phone:
Street Address:	Alt. Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Circle one)

Date of Incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and titles of all Metro employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Complete reverse side of form

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Please describe the alleged discrimination incident (continued)

Have you filed a Title VI complaint with any other federal, state or local agencies? (Check If Yes)

No If so, list agency / agencies and contact information below:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Complainant's Signature:	Date:

Print or Type Name of Complainant