



Title VI Complaint Form

Metro is committed to offering safe, on-time, cost-effective, customer-focused transportation to our community. As such, Metro operates its programs and services without regard to race, color, national origin, age, gender or disability.

If you feel you have been discriminated against based on one of the above characteristics, you have the right to file a complaint.

Instructions: If you wish to submit a Title VI complaint to Metro, please fill out the form below and send it to:

Metro
Attn: Tim Reynolds
602 Main Street, Suite 1100
Cincinnati, OH 45202.

You can also fax the form to **513-632-7506**, **Attn: Tim Reynolds**. If you have questions about this process please call **513-632-7575**.

1. Name (complainant):

2. Phone: (_____) _____

3. Home Address (Street #, City, State, Zip):

4. If applicable, name and title of person(s) who allegedly discriminated against you:

5. Location where the alleged incident took place:

6. Date of alleged incident (or date range if activity took place on more than one date):

7. Is this activity still on-going?

Yes

No

8. Discrimination was based on:

- | | |
|--|---|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sex (includes sexual harassment) |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Creed/Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Age | <input type="checkbox"/> Retaliation |

9. In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. If more space is needed please feel free to use the back of this form.

10. Please list below any person(s) we may contact for additional information to support or clarify your complaint:

11. 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:

- | | | |
|---|--|---------------------------------------|
| <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 the name and phone number of the contact person at the agency/court where the complaint was filed:

12. Please sign below. You may attach any written or other information that you think is relevant to your complaint.

Signature:

Date: