## NASHVILLE MTA/RTA TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil rights Act requires that "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

	nation is necessary to assist us in process se contact the Title VI Coordinator (see	• ,	you require any assistance in	
Section I:	·			
Name:				
Address:				
Telephone (Home)		Telephone (Work)		
E-mail Address:				
Accessible Format	Large Print			
Requirements?	Braile	1		
Section II:				
Ana vav filipa this samulair	at an varia aria hahalta	Yes*	No	
Are you filing this complain	his question, go to Section III.			
Til you answered yes to ti	nis question, go to section iii.			
If not, please supply the na	ame and relationship of the			
person for whom you are o	-			
Please explain why you ha	· · ·			
_				
-	ave obtained the permission of the	Yes	No	
	filing on behalf of a third party.			
Section III:				
I believe that the discrimin	ation I experienced was based on (chec	k all that apply):		
[] Race	[] Color	[] National Origin		
Date of Alleged Discrimint				
Date of Allegea Discrimina				
•	s possible what happened and why you be	•	•	
	wn)Include the name and contact inform		<u> </u>	
well as names and contact	information of any witnesses. If more s	pace is needed please use tr	ne back of this form:	

Section IV			
Name of agency or department with			
which you are filing your complaint:			
Name of individual your complaint is			
against (if known):			
Title of individual your complaint is			
against (if known):			
Contact information of individual your			
complaint is against (if known):			
Have you previously filed a Title VI	Yes	No	
complaint with this agency?			
Section V			
Have you filed this complaint with any other [ ] Yes [ ] No	r Federal, State, or Local agency or with any Feder	ral or State Court?	
If yes, check all that apply:			
[ ] Federal Agency:	[] State Agency:	[] State Agency:	
[] Federal Court:	[ ] Local Agency:	[] Local Agency:	
[] State Court:	•		
Please give the centact information for a ne	rson at the agency/court where the complaint wa	or filed	
riease give the contact information for a pe	rson at the agency/court where the complaint wa	as meu.	
Name:			
Title:			
Agency:			
Address:			
Telephone:			
You many attach any written materials or ot	ther information that you think is relevant to you	complaint.	
Attachments: [ ] Yes	[ ] <b>No</b>		
Signature and date are required below:			
Signature	Date		
Submit form and any additional information	by mail: Note: This form may be e	mailed or faxed however an	
Nashville Metropolitan Transit Authority	original copy with the orig	original copy with the original signature must also be	
Shontrill Lowe, Title VI Coordinator	provided	•	
430 Myatt Drive		Fax: (615) 862-4127 attn Shontrill Lowe	
Nashville TN 37115	Fmail: shontrill lowe@na	Fmail: shontrill lowe@nashville gov	