



**Tri-Valley**  
Opportunity Council, Inc.

*Transportation Programs*

## Civil Rights Complaint Form

**Section I:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio Tape: \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

- The Tri-Valley Opportunity Council Transportation Programs hereby gives the public notice of its policy to uphold and assure full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all related statutes. Title VI and related statutes prohibiting discrimination in Federally assisted programs require that no person in the United States of America shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal assistance.
- Any person who believes they have been aggrieved by and unlawful discriminatory practice regarding the Tri-Valley Opportunity Council Transportation Program has a right to file a formal complaint with the Tri-Valley Opportunity Council Transportation Program. Any such complaint must be in writing and submitted to the Tri-Valley Opportunity Council Transportation Program Community Service Director within one hundred eighty (180) days following the date of the alleged occurrence. For more information regarding civil right complaints, please contact:

Transportation Programs Manager  
 Tri-Valley Opportunity Council  
 102 N Broadway  
 Crookston, MN 56716  
 Local: 218-281-5832  
 Email: cpic@tvoc.org

- Persons with Limited English Proficiency may contact:  
 Personas con competencia limitada en inglés pueden contactar: 1-800-584-7020
- A Title VI complaint may also be made by contacting the Title VI Specialist at the Minnesota Department of Transportation, Office of Civil Rights:

Civil Rights  
 Title VI Specialist  
 Minnesota Department of Transportation  
 Office of Civil Rights, Mail Stop 170  
 395 John Ireland Blvd.  
 St. Paul, Minnesota 55155-1899  
 Phone: (651) 366-3322  
 Fax: (651) 366-3129



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### Section II:

Are you filling this complaint on your own behalf?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: If you answered “yes” to this question, go to Section 3)

If not, please provide the name and relationship of the person for whom you are filing a complaint for:

\_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

\_\_\_\_\_

Have you obtained permission of the party you are filing the complaint form for:

Yes \_\_\_\_\_ No \_\_\_\_\_

### Section III:

I believe the discrimination I experienced was based on (check all that apply):

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_

*Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of person(s) who discriminated against you (if known) as well as the names and contact information for any witnesses. If more space is needed, please use the back of this form.*

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Time(s) of Occurance: \_\_\_\_\_

Names of Persons Involved: \_\_\_\_\_

Bus Number(s): \_\_\_\_\_ Route Number(s): \_\_\_\_\_

Witnesses: If yes, please provide names below:

\_\_\_\_\_

Describe the Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Section IV:

Have you previously filed a Title VI complaint with the this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

### Section V:

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(Name Agency): \_\_\_\_\_

Federal Court (Name Agency): \_\_\_\_\_

State Court (Name Agency): \_\_\_\_\_

State Agency: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contat person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Section VI:

Name of Public Transportation Provider complaint is against:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

May we release a copy of your complaint to the transportation provider?

Yes \_\_\_\_\_ No \_\_\_\_\_



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*You may attach any written materials or other information that you think is relevant to your complaint.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3rd Party Signature (If filling form out for someone): \_\_\_\_\_

Date: \_\_\_\_\_

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

Transportation Programs Manager

Tri-Valley Opportunity Council, Inc.

102 North Broadway

Crookston, MN 56716

### **Office Use Only:**

Date Complaint Received: \_\_\_\_\_

Name/Title of Person who received complaint: \_\_\_\_\_

Method Complaint Received by:

Postal Delivery: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Another Provider: \_\_\_\_\_

If received from another provider, name of provider: \_\_\_\_\_