# 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: epic@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
Civil Rights Complaint Form

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 Orgin________

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:______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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 contact 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_________
Civil Rights
Complaint Form

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: ___________________________________