

# TITLE VI COMPLAINT FORM

This form may be used to file a Title VI complaint with the Winston-Salem Transit Authority (WSTA) for alleged violations of Title VI of the Civil Rights Act of 1964 and related nondiscrimination statutes. Use of this form is not required. A complaint may also be submitted in writing by letter, email, or other written communication, provided it includes the same information requested in this form.

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

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

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

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

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

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Please explain your relationship with the individual(s) indicated above: \_\_\_\_\_

Name of agency and department or program that discriminated:

Agency or department name: \_\_\_\_\_

Name of individual (if known): \_\_\_\_\_

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

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

Date(s) of alleged discrimination: \_\_\_\_\_

Date discrimination began \_\_\_\_\_ Last or most recent date \_\_\_\_\_

ALLEGED DISCRIMINATION:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

\_\_\_\_ Race

\_\_\_\_ Color

\_\_\_\_ National Origin

Explain: Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. (Attach additional sheets, if necessary, and provide a copy of written material pertaining to your claim)

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

Please return completed form to: Winston-Salem Transit Authority

Attn: Title VI Manager

100 W 5th Street

Winston-Salem, NC 27101

Email: ADAcomplaints@ratpdev.com

Phone: 336-727-2000

WSTA will make reasonable accommodations to assist individuals with disabilities, limited English proficiency, or others who need help submitting a complaint. This document is available in alternative formats upon request. To request accessible versions or assistance completing a complaint form, please call 336-727-2000. Individuals with hearing impairments may use the relay service by dialing 711.

Note: WSTA strictly prohibits retaliation against anyone who files an Title VI complaint or participates in an investigation. Any suspected retaliation should be reported in writing to the Civil Rights Officer.