Title VI Complaint Form

Rock Island County Metropolitan Mass Transit District (MetroLINK)

MetroLINK is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Customer Service by calling (309)786-2705. The completed form must be returned to the MetroLINK Title VI Customer Service, Attn: Title VI Customer Service, 1515 River Drive, Moline, Illinois 61265. Faxed, emailed, or electronically transmitted forms are not accepted. Hand delivery is needed to make sure the complaint is filed within the statutory deadline.

Your Name:_____ Phone:_____

Street Address:_____ Alt. Phone: _____

City, State & Zip Code: _____

Person(s) discriminated against (if someone other than complainant):

Name:_____

Street Address, City, State & Zip Code:

_____

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- □ Race
- □ Color
- □ National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all MetroLINK employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No

Agency: Contact Name:

Street Address, City, State & Zip Code: Contact Name:

Agency: Contact Name:

Street Address, City, State & Zip Code: Contact Name:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature Phone

Print or Type Name of Complainant

Date Received:

Received By: