AKRON METROPOLITAN AREA TRANSPORTATION STUDY (AMATS) TITLE VI / CIVIL RIGHTS COMPLAINT FORM

Section I						
Name:						
Address:						
Telephone (Home):		Telephone (Work):				
Electronic Mail (E-Mail) Ad	ddress:					
Accessible Format Requirements?	Large Print		Audio Tape			
	TDD			Other		
Section II						
Are you filing this complaint on your own beha		alf?	Y	es*	No	
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom you are filing this complaint:						
Please explain why you have filed for a third party:						
Please confirm that you haggrieved party if you are		the	Yes	No		
Section III						
I believe the discrimination I experienced was based on (check all that apply): [] Race [] Color [] National Origin [] Other						
Date of Alleged Discrimination (Month, Day, Year):						
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 the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.						
Section IV						
Have you previously filed a Title VI complaint with this agency?				Yes	No	

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Section V	
Have you filed this complaint with any other Federal or State court?	er Federal, State, or local agency, or with any
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court	[] State Agency
[] State Court	[] Local Agency
Please provide information about a contac complaint was filed:	t person at the agency/court where the
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or oth complaint.	ner information that you think is relevant to your
Signature and date required:	
Signature	Date

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

Jeff Gardner
Title VI Coordinator
Akron Metropolitan Area Transportation Study (AMATS)
Suite 1300 PNC Building
1 Cascade Plaza / Akron, Ohio 44308-1136

Phone: 330.375.2436 x.4431 E-Mail: amats@akronohio.gov