

**CITY OF SIDNEY  
SHELBY PUBLIC TRANSIT  
TITLE VI COMPLAINT FORM  
Title VI Coordinator: (937) 498-8151**

**Section I: Contact Information**

Name:

Address:

Telephone (Home):

(Cell):

(Work):

Email Address:

Accessible Format

Large Print

Audio Tape

Requirements?

TDD

Other

**Section II: Complainant Details**

Are you filing this complaint on your own behalf?

Yes\*

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 complaining:

Please explain why you have filed for a third party:

Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

**Section III: Complaint Details**

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

Race

Color

National Origin

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 attach an additional page or pages.

**Section IV: Past Filings**

Have you previously filed a Title VI complaint with this agency?

Yes

No

**Section V: Filing Details**

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: \_\_\_\_\_

Federal Court: \_\_\_\_\_

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

State Court

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: Agency Details**

Name of agency complaint is against:

Contact person:

Title:

Telephone Number:

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

Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

City of Sidney Title VI Coordinator  
413 South VanDemark Road  
Sidney, OH 45365