

Suburban Transit Network Inc.

# Title VI Complaint Form

Suburban Transit Network Inc. (TransNet) and our subcontractors are 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.

If you believe you have been discriminated against, please complete, sign and send this form within 180 days from the date of the alleged discrimination.

If you require assistance in completing this form, please contact the TransNet **Risk Management Director** by calling (215) 542-7433.

**PLEASE PRINT CLEARLY**

Name	Phone	Name of Person (s) who discriminated Against You	
Address (Street No., P.O. Box)		Location and Position of Person (If Known)	
City, State, Zip		City, State, Zip	
Discrimination Because <input type="checkbox"/> Race* <input type="checkbox"/> Color* <input type="checkbox"/> National Origin* <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Retaliation			Dates of Alleged Incident
Are you filing this complaint on your own behalf?      Yes      No			
If no, please provide the name and relationship of the person on whose behalf you are filing.			
Name: _____			
Relationship: _____			
_____			

\*Indicates specific to Title VI of the Civil Rights Act of 1964

Location where incident occurred:	Date of Incident:	Time of Incident:
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Please describe what happened and all persons whom you feel are responsible. Use a separate sheet of paper if more space is needed.

Did anyone else witness the incident?      Yes                      No  
If yes, please complete information below (if more space is needed, please list on a separate sheet)

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

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

**AFFIRMATION**

I hereby swear/affirm, that the information provided in this Complaint Form is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Person Who Feels He/She Has Been Discriminated Against

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Who Feels He/She Has Been Discriminated Against

\_\_\_\_\_  
Date

**This section is to be completed by TransNet Risk Management Director**

Date Complaint Received:

Date Investigation Completed:

Accepted for Investigation on: \_\_\_\_\_

Department complaint referred to: \_\_\_\_\_

Rejected for investigation on: \_\_\_\_\_

Reason: \_\_\_\_\_

**The completed form must be sent to the following address within 180 days of alleged incident:**

Suburban Transit Network Inc. (TransNet)  
**Risk Management Department**  
980 Harvest Drive Suite 100  
Blue Bell, PA 19422

**You may also file this complaint with the U.S. Federal Transportation Administration (FTA). If you file with the FTA you must do so within 180 days of the alleged incident to this address:**

Federal Transit Administration Office of Civil Rights  
**Attn: Title VI Program Coordinator**  
East Building, 5<sup>th</sup> Floor-TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

U.S. Department of Transportation  
**Federal Transit Administration's Office of Civil Rights**  
1760 Market Street, Suite 500  
Philadelphia, PA 19103-4124