THE GTS TITLE VI COMPLAINT FORM

Name: __________________________________________

Address: ______________________________________________________

Telephone Numbers: (home) ____________________ (work) ______________

E-Mail Address: _________________________________________________

Accessible Format Requirements?

Large Print _____ Audio Tape _____ TDD _____ Other _______________________

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, “Federal Actions To Address Environmental Justice in Minority Populations and Low-income Populations,” and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In GTS’s complaint investigation process, we analyze the complainant’s allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. The State of Illinois may also refer the matter to the U.S. Department of Justice for enforcement.

Are you filing this complaint on our own behalf? Yes ____ No ____

(If you answered ‘yes’ to this question, go to section III)

If the answer was ‘no’ please supply the name of the person for whom you are complaining:

____________________________________________________________________

Please explain why you have filed for a third party:

____________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____
Section III

Have you previously filed a Title VI complaint with GTS or the FTA? Yes _____ No _____

If yes, what was your FTA Complaint Number? ____________________________

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you ever filed with any of the following agencies?

Transit Provider _____ IDOT _____ Department of Justice _____ Equal Employment Opportunity Commission _____ Other _____

(Note: The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issue, we will defer to the decision of the court.)

Section IV

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations.

Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to the Illinois Department of Transportation (IDOT)? Yes _____ No _____

(Note: We cannot accept your complaint without a signature)

Signature ____________________________ Date ____________________________