PRTPO TITLE VI COMPLAINT FORM

It is the policy of Peninsula Regional Transportation Planning Organization (PRTPO) to assure that no person shall, on the grounds of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or otherwise be discriminated against under any of its programs or activities. Any person who believes his or her Title VI protections have been violated may file a complaint with PRTPO.

Please deliver this completed form to:

PRTPO Title VI Coordinator
c/o Kitsap Transit
60 Washington Avenue, Ste 200
Bremerton, WA 98337

Or via email to: EdwardC@kitsaptransit.com

Call 360.824.4919 and ask for the PRTPO Title VI Coordinator if you need help with this form.

SECTION 1

Name:

Address:

Phone: Email:

SECTION 2

Are you filing this complaint on your own behalf? ☐ Yes ☐ No

If you answered yes, please go to Section 3. If you answered no, please respond to the following.

Provide the name and relationship of the person for whom you are filing this complaint.

Name: _____

Relationship: _____

Explain why you are filing for this aggrieved third party:

Have you obtained permission from this aggrieved third party to file this complaint on their behalf?

☐ **Yes,** I have obtained permission to file ☐ **No,** I have not obtained permission to file

SECTION 3

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

☐ Race ☐ Color ☐ National Origin

Date of Alleged Discrimination *(month, day, year)*:

Describe the alleged discrimination. Explain what happened and who you believe was responsible. Indicate if you believe other persons were treated differently than you. Please provide names and contact information of the people involved, if known, including those who discriminated against you and any witnesses. Please use the back of this form if additional space is needed and attach any supporting documentation.	

SECTION 4

Have you filed this complaint with any other federal or state agency or court?

☐ Yes ☐ No

If yes, check each box that applies

☐ Federal agency ☐ Federal Court ☐ State Agency ☐ State Court

Provide contact person and tracking number, if known, where the complaint was filed.

Contact Name:

Contact Phone: Contact Email:

Tracking Number:

Please sign below.

_____ _____

Complainant's Signature Date

(PRTPO Use)

Date Received: _____ Tracking Number: _____