

## **TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION**

**AUTAUGA COUNTY RURAL TRANSPORTATION** operates its programs without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **AUTAUGA COUNTY RURAL TRANSPORTATION**.

For more information on the civil rights program and the procedures to file a complaint, contact:

**AUTAUGA COUNTY RURAL TRANSPORTATION  
218 NORTH COURT STREET  
PRATTVILLE, AL 36067  
334-358-6730  
ROSE.THOMAS@AUTAUGA.COM**

A complaint may be filed directly with the Federal Transit Administration by contacting:

**Office of Civil Rights  
Attention: Complaint Team  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
FTACivilRightsCommunications@dot.gov**

If information is needed in another language,  
contact 334-358-6730. \*

## Title VI Complaint Form

<b>Section I</b>	
Name:	
Address:	
Phone (Home or Cell):	Phone (Work):
E-mail:	
<b>Section II</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to this question, go to <b>Section III</b> .	
If not, please supply the name and relationship of the person for whom you are submitting a complaint:	
Please explain why you have filed for a third party: _____	
Please confirm that you obtained the permission of the aggrieved party if you are filing on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section III</b>	
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of Alleged Discrimination (MM/DD/YYYY): _____	
Explain as clearly as possible what happened and why you believe you were the target of discrimination. 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

**Section V**

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 and specify 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: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Section VI**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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, by mail, or via e-mail using the contact information below:

**ROSE THOMAS-WILLIAMS  
AUTAUGA COUNT RURAL TRANSPORTATION  
218 NORTH COURT STREET  
PRATTVILLE, AL 36067  
ROSE.THOMAS@AUTAUGA.COM**