

# Title VI Complaint Form Metropolitan Transit Authority of Black Hawk County (MET)

MET is 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. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the MET by calling (319) 234-5714-8131. The completed form must be returned to MET, 1515 Black Hawk St., Waterloo, IA 50702.

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

## PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN COMPLAINANT):

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

## WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION? (CHECK WHICH APPLY)

RACE COLOR NATIONAL ORIGIN \_\_\_\_\_

LIMITED ENGLISH PROFICIENCY OTHER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_



**HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL,  
STATE OR LOCAL AGENCIES? (CHECK ONE)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:**

AGENCY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE  
TO MY BEST KNOWLEDGE.**

\_\_\_\_\_  
**COMPLAINANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT OR TYPED NAME OF COMPLAINANT**

**DATE RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_