

**CITY OF SIOUX FALLS
TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in public transportation services or transit-related benefits, please provide the following information in order to assist us in processing your complaint and send it to:

Transit Program Coordinator
Title VI Compliance Officer, City of Sioux Falls
231 North Dakota Avenue
P.O. Box 7402
Sioux Falls, SD 57117-7402
605-367-8689

Please print clearly.

SECTION I:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____(home) _____(cell)

Email: _____

Accessible format requirements? Large Print Audio Tape TDD Other

SECTION II:

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

SECTION III:

Please indicate why you believe the discrimination occurred.

Race

Color

National Origin

What was the date of the alleged discrimination (Month, Day, Year)? _____

Where did the alleged discrimination take place? _____

Please describe, as clearly as possible, the circumstances as you saw it and why you believe you were discriminated against. _____

Please list all persons involved and any witnesses with their names and phone numbers (if known).

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 all that apply:

Federal agency

State agency

Federal court

State court

Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title: _____

Agency: _____

Address: _____

Telephone: _____

Email: _____

SECTION VI:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

Please attach any documents you have that support the allegation. Date and sign this form and send to the Title VI Compliance Officer at:

Transit Program Coordinator
Title VI Compliance Officer, City of Sioux Falls
231 North Dakota Avenue
P.O. Box 7402
Sioux Falls, SD 57117-7402

Your signature

Print your name

Date