



**Transit Alternatives Otter Express
Title VI Complaint Form**

Please Return to Driver, Mail or Deliver to:

**Transit Alternatives Otter Express
1225 N Tower Road
Fergus Falls, MN 56537
(218) 998-3002**

Today's Date: _____

Name/Agency: _____

Address: _____

Phone #: _____

Person(s) discriminated against (if someone other than the complainant):

Name: _____

Address: _____

Date (s) Incident Occurred _____

Which of the following best describes the reason for the alleged discrimination that took place:

Race

Color

National Origin (Limited English Proficiency)

Other

Have you filed a complaint with any other federal, state or local agencies? Yes No

If yes, please complete the information below:

Agency: _____

Contact Name: _____

Agency: _____

Contact Name: _____

Detailed Description of Complaint: Please provide the names and titles of all Transit Alternatives Otter Express employees involved if available. Explain what happened and to whom you believe was responsible.

Request for Special Accommodations (Describe): _____

Confirmation:
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's signature

Date

-----Office Use Only-----

Complaint Received By: _____

Date: _____

Driver Response:

Resolution:

Signature of Employee _____

Date: _____

Signature of Supervisor _____

Date: _____