



ATTACHMENT A Title VI Complaint Form

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 transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Grant Transit Authority
Title VI Coordinator
PO Box 870
Moses Lake, WA 98837
Phone: (509) 765-0898
Fax: (509) 350-8203

Please Print Clearly:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ (home) _____ (cell) _____ (message)

Person Discriminated Against: _____

Address of person discriminated
against: _____

City, State, Zip: _____

Please indicate why you believe the discrimination occurred:

- ☐ race or color
- ☐ national origin
- ☐ income
- ☐ Other

What was the date of the alleged
discrimination? _____

Where did the alleged
discrimination take place? _____

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and Phone Numbers:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Title VI Coordinator at the address listed on page 1 of this document.

Your signature

Print your name

Date