Title VI Complaint Forms

TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Valley Metro or City of Phoenix or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 802.253.5000 (TTY: 802.251.2039) or via email at csr@valleymetro.org.

SECTION 1: CUSTOMERINE	ORMATION	
First Name:	Last Name:	
Address:		
City:		Zip:
	Cell Phone:	
Email:	Preferred meth	hod of contact: Phone Email
SECTION 2: INCIDENT INFO	RMATION	
Date of Incident: Tir	me of Incident: AM □ PM City:	
	Direction of T	
	Bus/Light Rail/Streetcar#:	
	press/RAPID Circulator/Connector Light	
Operator Description:		
	ed on (Check allthat apply): Race Color	National Origin Other
you (if known), as well as names	ide the name and contact information of the per and contact information of any witnesses. If mo so attach any written materials or other informa	re space is needed, please use
f yes, please provide information Name:	the Federal Transit Administration (FTA)? Ye about a contact person at the FTA where the contact pers	omplaint was filed:
Address:	Phone	e:
Have you previously filed a Title \ Signature and date required below	/I complaint with this agency? \square Yes \square No w:	
Signature		
		VALLEY
		City of Phoenix METRO