



# MCTS Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that *no person in the United States shall, on the grounds of race, color, 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.*"

The following information is necessary to assist us in processing your complaint. Assistance is available upon request. If information is needed in another language, then please contact us at 414-937-3218 or Title6@mcts.org.

Please complete and return this form to the following: Human Resources Department Milwaukee County Transit System, 1942 North 17th Street, Milwaukee, WI 53205-1697, or email to Title6@mcts.org.

1. Complainant's Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. In your own words, describe your complaint. You should include specific details such as names, dates, time, route numbers, witnesses and any other information that would assist us in our investigation of your allegations. If you have additional documentation related to this complaint, please include as an attachment. Please use the back of this form if additional space is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. 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 each box that applies:

Federal agency  Federal court  State agency  State court  Local agency

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

10. Signature required below.

\_\_\_\_\_  
Complainant's Signature Date