

**Title VI Complaint Form**

**Section 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Cell):	Telephone (Home):	Telephone (Work):	
Email Address:	_____		
Accessible Format Requirements Needed?	Large Print		Audio Tape
	TDD		Other

**Section 2:**

Are you filing this complaint on your own behalf:	Yes*		*If you answered <b>"Yes"</b> to this question, go to Section 3.
	No		

If you answered "No", please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on the behalf of a third party.	Yes		No
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**Section 3:**

I believe that the discrimination I have experienced was based on (Check all that apply):

Race     Color     National Origin     Sex     Age     Disability     Low Income

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

On a separate sheet of paper that must accompany to this complaint form when it is submitted, please explain as clearly as possible what happened and why you believe you were discriminated against. Please describe all persons who were involved, and include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses.

**Section 4:**

Have you previously filed a Title VI complaint with this agency?	Yes		
	No		

**Section 5:**

Have you filed this complaint with any other Federal, State, or Local Agency, or with any Federal or State Court?

Yes     No

If you answered "Yes", please check all that apply:

<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> State Court: _____	

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Section 6:**

### Title VI Complaint Form

Name of agency complaint is against:

Contact person:

Title:

Telephone Number:

Please attach any additional materials or information that you believe is relevant to your complaint.

Signature and date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail to or submit this form in person at the address below:

Delaware Transit Corporation  
Crystal Alexander-Wilson  
Contract Coordinator  
119 Lower Beech Street  
Wilmington, DE 19805

OR

Please submit this form by email to:

[dart5310program@delaware.gov](mailto:dart5310program@delaware.gov)