Susquehanna Regional Transportation Authority

Service • Safety • Stewardship

SUSQUEHANNA REGIONAL TRANSPORTATION AUTHORITY
TITLE VI I CIVIL RIGHTS 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.” Please call for our policy or visit our website at www.rabbittransit.org.

If you feel you have been discriminated against in transit services, please print and complete the following form, sign (signature in Section 4 required) and return to:

rabbittransit (Susquehanna Regional Transportation Authority)
ATTN: Jamie Leonard, SRTA Compliance Officer
415 Zarfoss Drive
York, PA 17404
Telephone - (717) 849-0709
Fax - (717) 846-1232

Section I:

Please print CLEARLY

1. Name (Complainant):

2. Home Address:

City, State, Zip Code:

3. Telephone Number: Email Address

Section 2:

1. Are you filing this complaint on your own behalf? ☐ Yes ☐ No
   (If you answered “yes” to this question, please go to Section III.

2. If you answered “no” to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:

3. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? ☐ Yes ☐ No
Section 3:

1. Date of Incident: _______________________________________________________________

2. If applicable, name of person(s) who allegedly discriminated against you:
   ____________________________________________________________

3. Discrimination based on (please check all that apply): □ Race  □ Color  □ National Origin
   □ Other, please describe ____________________________________________

4. Please provide a brief explanation of the incident and how you feel you were discriminated against
   including how you feel others may have been treated differently than you.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Please list addresses and phone numbers of all witnesses’ names or others we can contact to support
   or clarify your complaint.

   Name   Address   Phone Number
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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

7. Please attach any documents you have which support the allegation. Attached □ Yes □ No

8. Have you previously filed a Title VII complaint with Susquehanna Regional Transportation Authority?
   □ Yes □ No  If yes, please provide date of incident. ________________________________

Section 4:

Signature: ___________________________________________________ Date of Filing: ____________

Print your name: ____________________________________________________________

Please note: Susquehanna Regional Transportation Authority cannot accept your complaint
without a signature.