



**SUSQUEHANNA REGIONAL TRANSPORTATION AUTHORITY  
TITLE VI | 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](http://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: Sherry Welsh, SRTA Compliance Officer**  
**415 Zarfoss Drive**  
**York, PA 17404**  
**Telephone - (717) 849-0731**  
**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.**