



CITY OF EVANSVILLE
Metropolitan Evansville Transit System

601 John Street

Evansville, Indiana 47713

Phone (812) 435-6166

TTY relay assistance (800)743-3333

Fax (812) 435-6159

Todd M Robertson
Executive Director

LLOYD WINNECKE
Mayor

Jonathan M Siebeking
Director

Title VI Civil Rights –Complaint Form

Section I

Name: _____

Address: _____
Street City State Zip

Telephone Numbers:

Home: _____ Work: _____ Other: _____

Email Address: _____

Accessible Format Requirements?

Large Print: Yes _____ No _____

Audio Tape: Yes _____ No _____

TDD: Yes _____ No _____

Other: _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

Section II

Are you filing this complaint on your own behalf? Yes ___ No ___

(If you answered "yes" to this question, go to Section III)

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

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 out on behalf of a third party. Yes ___ No___

What is the basis for your complaint? Race ___ Color _____ National Origin _____

Section III

Have you previously filed a Title VI complaint with the City of Evansville or METS? Yes _____ No___

If yes, what was your City of Evansville or METS Complaint date? _____

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you filed this complaint with any of the following agencies? Yes ___ No___
(If you answered yes, who did you file the complaint with?)

Federal Transit Administration: _____ U. S. Department of Transportation: _____

Indiana Dept. of Transportation: _____ Department of Justice _____

Equal Employment Opportunity Commission: _____ The City of Evansville and or Transportation and Services: _____

Have you filed a lawsuit regarding this complaint? Yes _____ No___

If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.

Section IV

Complaint is against : _____

Contact Person: _____ Title: _____

Telephone Number: _____

Attach a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.

Section V

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature)

**Please mail your completed form to:
Metropolitan Evansville Transit System
Title VI - Civil Rights Official
1 NW M.L. King Jr. Blvd Room 321
Evansville, Indiana 47708**

