Appendix C

Heart of Texas Council of Governments / Rural Transit District

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall on the grounds 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." If you feel you have been discriminated against in transportation services, please provide the following information in order to assist us in processing your complaint and send it to:

Donnis Cowan
Director of Health and Human Services
Heart of Texas Council of Governments/Rural Transit District
1514 S. New Road
Waco, Texas 76711

Please print clearly:

Please print clearly:						
Name:						
Address:						
City, State, Zip Code:						
Telephone Number:	Home:		Cell:			
E-Mail:						
Person discriminated ag	gainst:					
Address of person discriminated against:						
City, State, Zip Code:						
Please indicate why you believe the discrimination occurred:						
Race						
Color						
National Origin						
Income						
Other Please id	lentify:					
What was the date of the	he alleged discrimination	on?				

Please note that allegations which occurred more than 180 days in the past are beyond the statute of limitations for investigation.

Where did the alleged discrimination take place?						
Please describe the circumstances as you saw it:						
Please list all witnesses' names and address and/or phone numbers:						

What type of corrective action would you like to see taken?					
Have you filed this complaint. Yes No	int with any other federa	al, state or local agency; or with any federal or state court?			
If yes, please check all that a	pply:				
☐ Federal Agency	State Agency	Local Agency			
Federal Court	State Court				
		at the agency and/or court where the complaint was filed. If the purts, please identify contact on additional sheets.			
Name:					
Agency or Court:					
Address:					
City, State, Zip Code:					
Phone:					
E-mail:					
Please attach any documents	s you have which suppor	rt the allegation. Then date and sign the form and mail it to:			
Rep Pledger Transportation Manager Heart of Texas Council of Gr 1514 S. New Road Waco, Texas 76711 If information is needed in a					
Si se necesita información es	n otro idioma, comuníqu	t (234) 292-1800. lese con (254) 292-1800			
Your Signature		Within 7 days of receipt of the complaint the Heart of Texas Council of Governments / Rural Transit District will notify you acknowledging receipt and that we have initiated an investigation. Every effort will			
Print Your Name		be made to complete our investigation and to notify you of the results within 60 days of receipt, if not sooner. Should additional time			
Date		or information be required to complete the investigation, the staff will contact you within 60 days upon receipt of the complaint.			