

Jones County Transit System

Title VI Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
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:			
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 behalf of a third party.		Yes	No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Family or Religious Status	<input type="checkbox"/> Other (explain) _____	
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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. If more space is needed, please use the back of this form.			

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

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

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

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

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

Ms. Carol Davis
Jones County Transit System
235 Bill Conn Parkway
Gray, GA 31032

Formulario de Queja

Nombre de la persona que presenta la queja _____

Domicilio del participante _____

Ciudad, Estado, Codigo Postal _____

Telefono de la casa _____ Telefono de trabajo _____

Direccion de correo electronico _____

Raza/grupo etnico _____ Genero F M

Persona discriminada (si no es la misma que presenta la queja)

Domicilio particular _____

Ciudad, Estado, Codigo Postal _____

Telefono de casa _____ Telefono de trabajo _____

1. FUNDAMENTO ESPECIFICO DE LA DISCRIMINACION (Marque los casilleros que correspondan):

Raza Color Origen Nacional Situacion Economica
Dominio Limitado de Ingles Discriminado de otra manera

2. Fecha del presunto acto o actos de discriminacion: _____

3. DEMANDADO (persona contra la cual se presenta la queja):

Nombre _____

Puesto de trabajo _____

Lugar de trabajo _____

Raza/grupo etnico _____

4. Describa de que manera fue discriminado. Que sucedio y quienes fueron los responsables?
Si necesita mas espacio adjunte hojas adicionales, _____

5. Presento esa demanda ante otra agencia local, estatal, o federal, o ante un tribunal estatal o federal? Si No

6. Si la respuesta es si, marque los casilleros ante los cuales presento la demanda:

Agencia Federal Tribunal Fedreral Agencia Estatal

Tribunal Estatal Agencia Local

Fecha de presentacion: _____

7. Proporcione informacion de contacto de un representante del organismo adicional (agencia o tribunalante el cual presento la demanda:

Nombre _____

Domicilio _____

Ciudad, Estado, Codigo Postal _____

Telefono _____

Firme esta demanda en el espacio que figura a continuacion.

Firma

Fecha

The complaint may be filed in writing with JONES COUNTY as follows:

Jones County Transit System

Attn: Carol Davis

235 Bill Conn Pkwy

Gray, GA 31032