



Delaware Transit Corporation

Title VI Complaint Form



Section 1:

Name: _____

Address: _____

Telephone (Cell):	_____	Telephone (Home):	_____	Telephone (Work):	_____	
Email Address:	_____					
Accessible Format Requirements Needed?	Large Print	_____	Audio Tape	_____	Other	_____
	TDD	_____		_____		

Section 2:

Are you filing this complaint on your own behalf:	Yes*	_____	*If you answered "Yes" to this question, go to Section 3.
	No	_____	

If you answered "No", 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 the behalf of a third party.	Yes	_____	No	_____
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Section 3:

I believe that the discrimination I have experienced was based on (Check all that apply):

Race Color National Origin Sex Age Disability Low Income

Date of Alleged Discrimination (Month, Day, Year): _____

On a separate sheet of paper that must accompany to this complaint form when it is submitted, please explain as clearly as possible what happened and why you believe you were discriminated against. Please describe all persons who were involved, and 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.

Section 4:

Have you previously filed a Title VI complaint with this agency?	Yes	_____
	No	_____

Section 5:

Have you filed this complaint with any other Federal, State, or Local Agency, or with any Federal or State Court?

Yes No

If you answered "Yes", please check all that apply:

Federal Agency: _____ State Agency: _____

Federal Court: _____ Local Agency: _____

State Court: _____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone Number: _____



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Section 6:

Name of agency complaint is against:

Contact person:

Title:

Telephone Number:

Please attach any additional materials or information that you believe is relevant to your complaint.

Signature and date are required below:

Signature

Date

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

Delaware Transit Corporation
Crystal Alexander-Wilson
Contract Coordinator
119 Lower Beech Street
Wilmington, DE 19805

Please submit this form by email to:

dart5310program@delaware.gov