

## City of Duluth Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of **race**, **color**, or **national origin** in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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.”

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for the City of Duluth, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to the programs, services, and information the City of Duluth provides.

The City of Duluth works to ensure nondiscriminatory transportation in support of our mission to provide effective, coordinated and integrated multimodal transportation solutions to enhance the social and economic quality of life for all City of Duluth citizens. The City of Duluth Title VI Coordinator is responsible for the Civil Rights Compliance and Monitoring to ensure non-discriminatory provision of transit services and programs.

Complainant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email Address \_\_\_\_\_

List type of discrimination (please check all that apply):

Race ( ) Color ( ) National Origin ( )

Other \_\_\_\_\_

Please indicate your race/color, if it is a basis of your complaint \_\_\_\_\_

Please describe your national origin, if it is a basis of your complaint \_\_\_\_\_

Location where incident occurred \_\_\_\_\_

Time and date of incident \_\_\_\_\_

Name/Position title of the person who allegedly subjected you to Title VI discrimination:

\_\_\_\_\_

Briefly describe the incident (use a separate sheet, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone else witness the incident? Yes ( ) No ( )

List witnesses (Use a separate sheet, if necessary)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Have you filed a complaint about the alleged discrimination with the Federal Transit Administration?

Yes ( ) No ( ) If yes, when? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date