

**Golden Crescent Regional Planning Commission
Transportation Programs
Title VI Civil Rights Written Complaint Form**

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin may file a written complaint.

Section I – Basic Information

Name: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Electronic Mail Address (email): _____

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)

() Race () Color () National Origin

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

GCRPC Office Use only:

Date Received _____ Complaint# Assigned _____

Have you previously filed a Title VI complaint with GCRPC? Yes____ No____

If yes, what was your GCRPC Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Texas Department of Transportation ____ Federal Transit Administration _____

Department of Justice____ Equal Employment Opportunity Commission _____

Other _____

Have you filed a lawsuit regarding this complaint? Yes____ No____

If yes, please provide a copy of the complaint form.

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to:

**Title VI Program Director
Golden Crescent Regional Planning Commission
Transportation Department
1908 N. Laurent, Suite 600
Victoria, Texas 77901**

GCRPC Office Use only:

Date Received_____Complaint# Assigned_____

**Golden Crescent Regional Planning Commission
Title VI – Complaint Form**

Please indicate type of discrimination complaint(s).

- Discrimination on the Basis of Race**
- Discrimination on the Basis of Color**
- Discrimination on the Basis of National Origin**

Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. Use additional sheets if necessary.

Please sign here: _____ Date: _____

[Note - We cannot accept your complaint without a signature.]

GCRPC Office Use only:
Date Received _____ Complaint# Assigned _____