



**GREELEY-EVANS TRANSIT  
Title VI Discrimination Complaint Form**

*This form may be printed and used for submission of Title VI Complaints.*

Case Number \_\_\_\_\_

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, you may have an authorized representative complete it for you or the Title VI Coordinator will assist you to do so at a mutually convenient time. Simply call 970-350-9795 to make your request. If an authorized representative or the Title VI Coordinator assists you in completing the form, you will still need to sign it to validate the information provided.

1. Complainant's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Telephone Number – home (\_\_\_\_\_) \_\_\_\_\_  
business/mobile (\_\_\_\_\_) \_\_\_\_\_

2. Person discriminated against (if someone other than the complainant)  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

3. What is the name of the person that you believe discriminated against you?  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

4. Which of the following best describes the reason you believe discrimination took place? Was it because of your:
- a. Race (specify why) \_\_\_\_\_
  - b. Color (specify why) \_\_\_\_\_
  - c. National Origin (specify why) \_\_\_\_\_
  - d. What date did the alleged discrimination take place? \_\_\_\_\_  
(Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use more sheets or the back of this page, if needed)

6. Have you tried to resolve this complaint through internal grievance procedures at the City of Greeley? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the status of the grievance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of the person who is handling the grievance procedure.  
Name \_\_\_\_\_ Title \_\_\_\_\_

7. 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 \_\_\_\_\_

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

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

9. Do you intend to file this complaint with another agency?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and where do you plan to file the complaint?  
Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

10. Has the complaint been filed with the City before?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? Date \_\_\_\_\_

11. Have you filed any other discrimination complaints with the City?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and against whom were they filed?  
Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

12. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature Date

If this form was completed by someone other than the complainant, please provide information about who assisted the complainant with this document:

Name \_\_\_\_\_  
Agency (if applicable) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_