

## **Greater Peoria Mass Transit District Title VI Complaint Form**

	Section	on I			
Name:					
Address:					
Telephone (Home):		Telephone (Wo	ork):		
Electronic Mail Address:					
Accessible Format Requirements?	Large Print		Audio Tape		
	TDD		Other		
	Sectio	n II			
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to t	his question, go to Sect	ion III.			
If not, please supply the na whom you are complaining Please explain why you have	j.	-			
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				
I believe the discrimination	ı I experienced was base	ed on (check all	that apply):		
[] Race	[] Color	[] Nationa	[] National Origin		
Date of Alleged Discrimina	ation (Month, Day, Yea	r):			
Explain as clearly as possib Describe all persons who w who discriminated against witnesses. If more space is	vere involved. Include the you (if known) as w	ne name and contrell as names a	act information and contact information	of the person(s)	
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Section IV						
Have you previously filed a Title VI complaint with GPMTD	?	Yes	No			
Section V						
Have you filed this complaint with any other Federal, State, o or State court?  [] Yes  [] No	r local a	gency, or with	n any Federal			
If yes, check all that apply:						
[] Federal Agency						
[] Federal Court [] State Agency	у					
[] State Court [] Local Agenc	y					
Please provide information about a contact person at the agency/court where the complaint was filed.						
Name:						
Title:						
Agency/Court:						
Address:						
Telephone:						
Section VI						
Printed name:						
Signature:	Da	ate:				
Form must be signed and dated	1					
*** FOR OFFICE USE ONLV ****						

Please submit this form in person or mail to:

Received by:

Greater Peoria Mass Transit District Attention: Title VI Officer 2105 NE Jefferson Ave. Peoria, IL 61603

Date: