

# Title VI Complaint Form

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**kat**  
KNOXVILLE  
AREA TRANSIT

## Complainant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

## Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

## Name of agency, department or program that you believe discriminated against you:

Agency or Department: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

## I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

**In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space if needed).**

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List names and contact information of persons who may have knowledge of the alleged discrimination.

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Have you filed this complaint with any other federal, state or local agencies, or with any federal or state court? Check all that apply.

- Federal agency
- State Agency
- Local Agency
- Federal Court
- State Court

Provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Please sign and date this complaint form below. You may attach any written materials or other supporting information that you think is relevant to your complaint. **Important: The complaint will not be accepted if it has not been signed.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant Name: Please Print

**Attachments:**       **Yes**       **No**

Submit form and any additional information to:

Knoxville Area Transit  
Title VI Coordinator  
301 Church Avenue  
Knoxville, TN 37915-2590

**OR** You may submit form to:  
FTA Office of Civil Rights  
1200 New Jersey Avenue SE  
Washington, DC 20590

Phone: 865-215-7831  
Fax: 865-215-7820