

Delaware Transit Corporation Title VI Complaint Form



Section 1:										
Name:										
Address:										
Telephone (Cell):		Telephone (Home):					Telephone (Work):			
Email Address:										
Accessible Format Requirements Needed?			Large Print				Audio Tape		/ It successful	
			TDD				Other			
Section 2:										
Are you filing this compla	aint on your own behalf:	Yes*		*If you	answered "Yes"	to this questi	ion ao to Se	ction 3		
		No				to time quoti	.o., go to oo			
If you answered "No", ple	ase supply the name and re	lations	hip of the pe	erson fo	or whom you are o	complaining:				

Please explain why you h	ave filed for a third party:									
									•	
					La Chel Medit	Section Comment		<u> </u>	ant-weight.	
									elA sstovilla	
								stady tryat		
Please confirm that you h	nave obtained the permissio	n of the	a aggriound	partvif	you are filing on t	ha hahalf af			Televis de la companya de la company	
a third party.	ave obtained the permissio	ii Oi tiit	e aggileveu	party ii	you are ming on t	ne benan or	Yes		No	
on 3:										
I believe that the discrim	ination I have experienced w	as bas	ed on (Ched	ck all th	at apply):					
[] Race [Color [] National (Origin	[] Se	ex	[] Age	[] Disability		Low Inc		
Date of Alleged Discriming	nation (Month Day Year)									
and contact information	of the person (s) who discrin	ed agai	nst. Please	describ	e all persons who	o were involve	ed, and inclu	ude the r	name	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	or the percent (e) who discini	matet	a against yo	u (II KIIC	wii) as well as lia	arries and cor	itact informa	ation or a	any witnesses	•
	a Title VI complaint with	Yes								
Decleve that the discrimination I have experienced w [] Race [] Color [] National of Date of Alleged Discrimination (Month, Day, Year): On a separate sheet of paper that must accompany to paper and why you believe you were discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the person (s) who discriminate and contact information of the pers		No								
Section 5:										
Have you filed this comp	laint with any other Federal,	State,	or Local Age	ency, or	with any Federal	or State Cou	irt?			
	78 Y N - 11 78 N - 12 Y L - 12 Y L - 12 L - 12 L - 12 Y L - 12 L									
ir you answered "Yes", pi	ease check all that apply:									
[] Federal Agency:				[]	State Agency:					
[] Federal Court:				[]	Local Agency:					
[] State Court:										
Please provide information	on about the contact person	at the	Daopovoro	overt velo	one the energiain	4 61 . 1				
	on about the contact person	at the	agency or c	ourt wr	ere the complain	it was filed.				
Name:										
Title:										
Agency:										
Address:										
Telephone Number:										
rerepriorie number.										
			Pa	ge 1 of 2						



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Section 6:		
Name of agency complaint is against:	in of hattgray Volt7 2 directors	
Contact person:		
Contact person.		
Title:		
Telephone Number:		
To a second part of		
Please attach any additional materials or informat	on that you believe is relevant to your complaint.	
The state of the s		
Signature and date are required below:		
Signature .	Date	
Please mail to or submit this form in person at the	address below:	
Delaware Transit Corporation		
Crystal Alexander-Wilson		
Contract Coordinator		
119 Lower Beech Street		
Wilmington, DE 19805		
Please submit this form by email to:		
dart5310program@delaware.gov		
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