

Bonner Springs Tiblow Transit Title VI / ADA Complementary Paratransit Complaint Form

Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the Tiblow Transit. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Tiblow Transit Americans with Disabilities Act (ADA) complaint procedures or complaint form contact the Bonner Springs City Clerk, ADA Compliance Officer, 913-422-1020 or cbake@bonnersprings.org

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
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):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/>
Age			
<input type="checkbox"/> Disability	<input type="checkbox"/> Other (specify) _____		
Date of Alleged Discrimination (Month, Day, Year): _____			
Time of Day: _____			
Location: _____			
<i>(Continued on next page)</i>			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.			

Witness(es): YES NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: ()

(2) Name:

Phone Number: ()

(3) Name:

Phone Number: ()

(4) Name:

Phone Number: ()

(Continued on next page)

Section IV

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V

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 Court _____

State Agency _____

Local Agency _____

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

Name:

Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature _____

Date _____

Please submit this form in person at the address below, or mail this form to:

City of Bonner Springs
 Attn: City Clerk/ Title VI Coordinator
 200 E. Third St.
 P.O. Box 38
 Bonner Springs, KS 66012

INTERNAL USE ONLY

To be completed by Title VI Compliance Officer

Accepted for formal Investigation _____/_____/_____

Referred to another department on _____/_____/_____

Rejected _____/_____/_____

Reason for Rejection:

 City Clerk, Title VI Compliance Officer

 Date