

# TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Valley Metro or City of Phoenix or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 602.253.5000 (TTY: 602.251.2039) or via email at [csr@valleymetro.org](mailto:csr@valleymetro.org).

## SECTION 1: CUSTOMER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred method of contact:  Phone  Email

## SECTION 2: INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM City: \_\_\_\_\_  
Incident Location: \_\_\_\_\_ Direction of Travel: \_\_\_\_\_  
Route #: \_\_\_\_\_ Bus/Light Rail/Streetcar #: \_\_\_\_\_  
Service Type:  Local Bus  Express/RAPID  Circulator/Connector  Light Rail  Streetcar  Dial-a-Ride  
Operator Name: \_\_\_\_\_  
Operator Description: \_\_\_\_\_  
What was the discrimination based on (Check all that apply):  Race  Color  National Origin  Other \_\_\_\_\_

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 use the back of this form. You may also attach any written materials or other information relevant to your complaint.

Have you filed this complaint with the Federal Transit Administration (FTA)?  Yes  No  
If yes, please provide information about a contact person at the FTA where the complaint was filed:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously filed a Title VI complaint with this agency?  Yes  No  
Signature and date required below:

Signature \_\_\_\_\_  
Date \_\_\_\_\_

