



# Discrimination Complaint Form

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Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you believe you have been discriminated against in DARTS transit services, please provide the following information in order to assist us in processing your complaint.

DARTS encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by fax or e-mail, an original, signed copy of all complaint documents must be mailed to the Transportation Director as soon as possible, but no later than 180 days from the alleged date of discrimination.

This form must be submitted along with the *Discrimination Complaint Consent/Release Form* and any other supporting documents.

**NOTE:** *The following information is needed to assist in processing your complaint.*

## Complainant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

## Person Discriminated Against (if other than complainant)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_



**List names and contact information of persons who may have knowledge of the alleged discrimination. (Use additional paper if needed)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

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

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



**Will you be using the assistance of an advisor?**

- No     Yes – If yes, please provide his/her name and contact information.

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

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

Title/Position: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Please sign below. You may attach any other information that you believe is relevant to your complaint.**

**This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your claim(s).**

**Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The *Discrimination Complaint Consent/Release Form* is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.**

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitted with this form:**

- Discrimination Complaint Consent/Release of Form (completed and signed)  
 Additional information (as needed to complete this complaint)

**DARTS**

**Attention: Transportation Director**

**1645 Marthaler Lane**

**West St. Paul, MN 55118**

**Phone: (651) 455-1560**

**Fax: (651) 234-2284**