



U.S. Department of Transportation  
Federal Transit Administration

## Civil Rights Complaint Form

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The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

**Director, FTA Office of Civil Rights  
East Building, 5th Floor – TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590**

If you have questions about how to prepare a complaint, you may contact our toll-free FTA Assistance Line at 1-888-446-4511. More information about transit-related civil rights requirements may be found on the FTA's website at [www.fta.dot.gov](http://www.fta.dot.gov).

**Note:** Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

**Important:** We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

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### Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify)

**I believe that a public transit provider has failed to comply with the following program requirements:**

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify)

**Section II**

Name:

Street Address:

City:  State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

**Section III**

Are you filing this complaint on your own behalf?

Yes  No

[If you answered "yes" to this question, go to Section IV.]

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 IV**

Have you previously filed a civil rights complaint with FTA? Yes  No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

Transit Provider  Department of Transportation   
Department of Justice  Equal Employment Opportunity Commission   
Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes  No

If yes, please provide the case number and attach any related material.

**Note:** FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

**Section V**

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

**Section VI**

May we release your identity and a copy of your complaint to the transit provider?

Yes  No

**Note:** We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: \_\_\_\_\_

Date:

**Note:** We cannot accept your complaint without a signature.