Clermont Transportation Connection
4003 Filager Rd - Batavia, OH 45103 - 513.732.7433

Title VI Complaint Form

If you feel you have been discriminated against based upon race, color or national origin, then you may complete this form. 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.

If there is a complaint, the complainant has 180 days to file it with Clermont County. In the investigation process, Clermont County will analyze the allegations for possible deficiencies. If deficiencies are identified, Clermont County has a maximum of 30 days to respond and correct the inadequacies. Clermont County will keep a summary of all Title VI complaints for 5 years from date of complaint.

Please mail the completed form to:

Clermont Transportation Connection
4003 Filager Rd.
Batavia, OH 45103
Dispatch: 513-732-7433 (ext.2)

Forms can be emailed to: **ctcdirector@clermontcountyohio.gov**
Complaints can also filed by calling into to Dispatch at the above number and state that you want to file a Title VI complaint.

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.

I believe that I have been {or someone else has been) discriminated against on the basis of race, color or national origin. **0** Yes **0** No

Complete section A on the following page if you are the complainant.
Complete sections A and B on the next page if you are filling this application out for someone else.

Section A

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

Accessible format requirements: O Large Print O Other _____

Section B (To be filled out by the preparer if different than the complainant).

Applicants Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

If you have filled out Section A **and** Section B, please explain why you have filed for the complainant.

_____

_____

_____

Please confirm that you have obtained the permission from the aggrieved party if you are filing on behalf of a complainant.

O Yes O No

Has the complainant previously filed a civil rights complaint with FTA?

O Yes **O** No If yes, what was your FTA complaint number: _____

Has the complainant filed this complaint with any of the following agencies? **O** Yes **O** No

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

O Transit Provider **O** Department of Transportation

O Department of Justice **O** Equal Employment Opportunity Commission

O Other _____

Have you filed a lawsuit regarding this complaint? **O** Yes **O** No

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

Case Number _____ Related material attached? **O** Yes **O** No

Name of public transit provider complaint is against: _____

Contact person at the facility: _____

Title: ---------- Phone number: _____

The above information is true and accurate to the best of my knowledge

Complainant's signature _____

Applicant's signature (if different than complainant) _____

INTERNAL USE ONLY:

Date received: _____ Date reported to FTA Civil Rights _____ _____

Date responded _____ ____

Name of agency's (CTC) contact person: _____

Name of Civil Rights office contact person: _____

Civil Rights violated? _____ Yes ____ No

Corrective Action taken if applicable (attach separate report).