



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

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## 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](mailto:ctcdirector@clermontcountyohio.gov)

Complaints can also be 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.       Yes       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:  Large Print  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.

Yes  No

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

Yes  No If yes, what was your FTA complaint number: \_\_\_\_\_

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

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

- Transit Provider
- Department of Transportation
- Department of Justice
- Equal Employment Opportunity Commission
- Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint?  Yes  No

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

Case Number \_\_\_\_\_ Related material attached?  Yes  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).**

