

## Title VI Complaint Form

Instructions: If you would like to submit a Title VI Complaint to Town and Country Transit, please complete the form below and return to:

Town and Country Transit Attention: Title VI Coordinator 220 North Grant Avenue Kittanning, PA 16201.

For questions, please contact TACT at 724-548-8696 or email to tandctransit@tandctransit.com.

1. Name (Complainant):				
2. Phone:	3. Home Address (street #, city, state, zip code):			
4. If applicable, the name of the person(s) w discriminated against you:	ho you believe	5. Date of the incident:		
6. Discrimination based on (please circle all that apply):				
Race	Color	National Origin		
7. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you.				

	a avants occurred?				
8. Why do you believe these events occurred?					
9. Is there any other inform	nation that you feel may b	e relevant to this investigation?			
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10. How can these issues b	e resolved to your satisfa	ction?			
11. Please list any person(s)	who we can contact for a	additional information or to			
11. Please list any person(s)	who we can contact for a	additional information or to			
		additional information or to			
support/clarify your compla	int:				
		additional information or to  Phone Number:			
support/clarify your compla	int:				
support/clarify your compla	int:				
support/clarify your compla	int:				
support/clarify your compla	int:				
support/clarify your compla	int:				
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support/clarify your compla	int:				

12. Have you filed this complaint with any other federal, state, or local agency, or with					
any federal or state court? Circle your answer below:					
Yes		No			
If yes, circle all that a	apply: y Federal Court	State Court	State Agency	Local Agency	
If filed at an agency and/or court, please provide information on a contact person at that Agency/Court:					
Agency/Court	Contact's Name:	Address:	Phone	e Number:	
Signature (Complain	nant):		Date of Filing:		