Notifying the Public of Rights under Title VI

* The Suwannee Valley Transit Authority operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Suwannee Valley Transit Authority.
* For more information on the Suwannee Valley Transit Authority’s civil rights program, and the procedures to file a complaint, contact Ms. Teresa Fortner at (386) 362-5332, email: Teresa.Fortner@RideSVTA.com, or visit our administrative office at 1907 Voyles St SW, Live Oak, FL 32064.
* A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR

1200 New Jersey Ave, SE, Washington, DC 20590.

* Suwannee Valley Transita Authority tiene más información si quieres en español.

**Suwannee Valley Transit Authority**

Title VI Complaint Form

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| **Section I:**  |
| Name:  |
| Address:  |
| Telephone (Home):  | Telephone (Work):  |
| Electronic Mail Address:  |
| Accessible Format Requirements?  | Large Print  |   | Audio Tape  |   |
| TDD  |   | Other  |   |
| **Section II:**  |
| Are you filing this complaint on your own behalf?  | Yes\*  | No  |
| \*If you answered "yes" to this question, go to Section III.  |
| 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 III:**  |
| I believe the discrimination I experienced was based on (check all that apply):  [ ] Race[ ] Color[ ] National Origin                       [ ]Age [ ] Disability[ ]Family or Religious Status[ ]Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Alleged Discrimination (Month, Day, Year):\_\_\_\_\_\_\_\_\_\_ Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Section IV**  |
| Have you previously filed a Title VI complaint with this agency?  | Yes  | No  |

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| **Section V**  |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes[ ] No If yes, check all that apply: [ ] Federal Agency:  [ ] Federal Court[ ] State Agency  [ ] State Court[ ] Local Agency   |
| Please provide information about a contact person at the agency/court where the complaint was filed.  |
| Name:  |
| Title:  |
| Agency:  |
| Address:  |
| Telephone:  |
| **Section VI**  |
| Name of agency complaint is against:  |
| Contact person:   |
| Title:  |
| Telephone number:  |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

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 Signature Date

Please submit this form in person at the address below, or mail this form to:

Suwannee Valley Transit Authority

1907 Voyles St, SW
Live Oak, FL 32064