



MEIGS COUNTY PUBLIC TRANSIT

Post Office Box 344 – 150B Mill Street, Middleport Ohio 45760

Theresa L. Lavender, Director

TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Julie Scherfel at 740-444-7647.

Complete this form and return to:

**Meigs County Public Transit
Attention: Julie Scherfel
175 Race Street, Middleport Ohio 45760
Julie.Scherfel@jfs.ohio.gov
Fax: (740) 992-7500**

Complainants Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Telephone Home: _____ Telephone Cell: _____
Email Address: _____

Are you filing this complaint on your own behalf? Yes No

Accessible Requirements?	Format	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other
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Person (s) Discriminated Against (if other than complainant):

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Telephone Home: _____ Telephone Cell: _____
Email Address: _____

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

Telephone: 740-444-5555



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I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year) _____ Time: _____

Location		Agency/Person who was responsible for alleged discrimination	
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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.

May attached any written material or other supporting information that you think is relevant to your complaint.

Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.

Agency: _____

Name/Title: _____

Address: _____ Telephone: _____

Signature	Date
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