Title VI Complaint Form

GO Transit

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact GO Transit by calling (920) 232-5340. The completed form must be returned to the GO Transit – Attn: Title VI Complaints, 926 Dempsey Trail, Oshkosh, WI 54902.

The **GO Transit** is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended ("Title VI").

Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Your Name:	Phone:
Street Address:	City, State & Zip Code:
Person(s) discriminated against (if someone oth	ner than complainant above):
Name(s):	
Street Address, City, State & Zip Code:	
Which of the following best describes the reaso (Circle one) Race Color National Origin (Limited English Proficie	n for the alleged discrimination which took place?
Date of the incident:	-
employees involved if available. Explain what he	lent. Provide the names and titles of all GO Transit appened and whom you believe was responsible. ace is required. More space is provided on next

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No If yes, list agency / agencies and contact information below:	
Agency 1 Name:	Contact Name:
Street Address, City, State, Zip Code:	Phone:
Agency 2 Name:	Contact Name:
Street Address, City, State, Zip Code:	Phone:
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief:	
Complainant's Signature:	Date:
For GO Transit office use only.	
Date received by GO Transit:	
Received by:	