

Title VIComplaint Form

Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Mid Mon Valley Transit Authority (MMVTA), please fill out the form below and send it to: MMVTA, Attn: Title VI Coordinator, 1300 McKean Ave., Charleroi PA. For questions or a full copy of MMVTA's Title VI policy and complaint procedures call 724-489-0880, visit www.mmvta.com or email customersupport@mmvta.com.

1. Name (0	Complainant):					
2. Phone:		3. Home address (street no., city, state, zip):				
4. If applicable, name of person(s) who allegedly discriminated against you:						
5. Location	n and position of perso	n(s)	if known:	6. Da	ate of incident:	
7. Discrimination because of:						
	ace/Color		Sex (includes sexual harassment)		Vietnam Era Veteran	
	ational origin		Sexual orientation		Disabled Veteran	
	reed / religion		Marital status		Retaliation	
□ Di	isability		Age		Limited English	
discriminat	ted against. Indicate w	ho v	possible what happened a vas involved. Be sure to incl o, attach any written materia	ude h	ow you feel other persons	

9. Why do you believe these events occurred?						
10. What other information do you think is relevant to the investigation?						
10. What other information do you think is relevant to the live.	sugation:					
11. How can this/these issue(s) be resolved to your satisfaction	n?					
The row sair this those issue (b) by reserved to your satisfaction						
12. Places list helpy any person(s) we may contact for addition	and information to augment or					
12. Please list below any person(s) we may contact for addition	mai information to support of					
clarify your complaint (witnesses):						
Name: Address:	Phone number:					
13. 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:						
	e court					
,	e Court					
☐ Local agency ☐ State agency						
If filed at an agency and/or court, please provide information about a contact person at the						
agency/court where the complaint was filed.						
Agency/Court: Contact's Name: Address:	Phone number:					
Agency/Court. Contact's Name. Address.	Flione number.					
Signature (Complainant):	Date of filing:					
	Date of iming.					