In accordance with Title VI of the Civil Rights Act of 1964, the Mid Mon Valley Transit Authority (MMVTA) operates its programs and services without regard to race, color, or national origin. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the MMVTA using this form.



SECTION I									
Name:									
Address									
Telephone (Home):									
Telephone (Work):									
Cell Phone:									
E-Mail:									
Accessible Format	Large Print		Audio Tape			<u> </u>			
Requirements?	TDD		Other						
SECTION II		,							
Are you filing this complaint on your own behalf?			Yes*		No				
*If you answered "yes", go to Section III									
If "no", what is the name of complaintant?									
What is your relationship to complaintant?									
Why have you filed for the complaintant?									
Please confirm that you have obtained per	mission								
from the complaintant to file this on their be	ehalf.		Yes		No				
SECTION III									
I believe the discrimination I experienced Race				Nat	ional Origin				
was based on (check all that apply):	Color								
Date of Alleged Discrimation (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 yo	ou (if known) a	s w	ell as names a	and	contact				
information of any witnesses. If more space is needed, please use the back of this form.									

SECTION VI							
Have you previously filed a Title VI complaint							
with the MMVTA?		Yes		No			
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:						
Please provide information about a contact person at the Agency/Court where the complaint was filed.							
Name:							
Title:							
Agency:							
Address:							
Telephone:	E-Mail:						
You may attach any written materials or other information that you think is relevant to your complaint.							
Signature and Date is required -							
Signature:	Date:						

Please submit the completed form 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 http://www.mmvta.com/title-vi-your-rights-the-bus/ or email customersupport@mmvta.com.