



Your Rights Under TITLE VI of the Civil Rights Act of 1964

The Western Reserve Transit Authority is committed to offering safe, dependable, cost effective, customer focused transportation to our community. As such, WRTA operates its programs and service without regard to race, color, national origin.

If you feel you have been discriminated against based on one of the above characteristics, you have the right to file a complaint. For more information on your rights, or to file a complaint, you can do the following:

1. Download the Title VI Complaint form and mail it to the following address:

Western Reserve Transit Authority
Attn: EEO Officer
604 Mahoning Avenue
Youngstown, OH 44502

2. Call Customer Service at 330-744-8431 to request a copy of the Title VI Complaint form.
3. Come to our administration office located at 604 Mahoning Avenue, Youngstown, OH 44502 and request a complaint form.
4. Obligations and complaint procedures will be translated upon request.

TITLE VI COMPLAINT FORM

If you wish to submit a Title VI complaint to the Western Reserve Transit Authority, please fill out the form below and send it to WRTA, Attn: EEO Officer, 604 Mahoning Avenue, Youngstown, OH 44502. For a full copy of WRTA's Title VI Complaint procedures, or for questions about this process, please call 330-744-8431 and ask to speak with the EEO Officer.

Complainant Last Name	First Name	MI	
Address	City	State	Zip
If applicable, name and title of person(s) who allegedly discriminated against you:			
Location where the alleged incident took place:			
Date of alleged incident (or date range if activity took place on more than one date):			
Is this activity still on-going: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Discrimination was based on:			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	

In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. If more space is needed, please feel free to use the back of this form.

Please list below any person(s) we may contact for additional information to support or clarify your complaint:

Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

Yes

No

If yes, please check all that apply:

Local Agency

Federal Agency

Federal Court

State Agency

State Court

Please provide the name and phone number of the contact person at the agency/court where the complaint was filed:

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

Signature

Date