

**SOUTH EAST TEXAS REGIONAL PLANNING COMMISSION
SOUTH EAST TEXAS TRANSIT**

TITLE VI COMPLAINT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Were you discriminated against because of:

Race

National Origin

Color

Other _____

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form.

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 _____

Contact Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

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

Signature _____ Date _____

This form may be mailed to:

South East Texas Regional Planning Commission
Transportation and Environmental Resources
2210 Eastex Freeway
Beaumont, Texas 77703