



Title VI Complaint Form City of Glasgow Transit

The City of Glasgow 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 provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 60 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the City of Glasgow's Transit Manager by calling (270) 651-5977. The completed form must be returned to the City of Glasgow's Department of Public Works, 310 West Front Street, Glasgow, Kentucky 42141-1610.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State, & Zip Code
Person(s) discriminated against (if someone other than complainant)	
Street Address, City, State, & Zip Code:	
Which of the following best describes the reason for the alleged discrimination that took place? (Circle one) <ul style="list-style-type: none"> • Race • Color • National Origin (Limited English Proficiency) 	Date of Incident: Please describe the alleged discriminatory incident. Provide names and titles of all Transit employees involved (if available). Explain what happened and the person(s) you believe are responsible. Please use the back of this form to record your information.

Please describe the alleged discrimination incident.

Have you filed a complaint with any other federal, state, or local agencies? Yes / No (please circle one)

If so, please list the agency/agencies and contact information below:

Agency:

Street Address, City, State, & Zip Code:

Agency:

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.

Contact Name:

Date Received: _____

Received by: _____