



CyRide's Title VI Discrimination Complaint Form

Instructions: Please fill out this form completely in blue/black ink. Sign, date and return to the address on the bottom of the next page. Alternate means of filing a complaint, such as personal interview, audio recording, alternate language or larger print will be made available upon request.

Section I: (Complainant information)	
Name:	
Address:	
City, State & Zip:	
Telephone (Home):	Telephone (Mobile):
Best time to call: _____ AM / PM (please circle)	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes, go to Section III.	
Section II (Person Filling out Form if not Complainant.)	
Name:	
Address:	
City, State & Zip:	
Telephone(Home):	Telephone (Mobile):
Best time to call: _____ AM / PM (please circle)	
Relationship to the Complainant: (Mother, Brother, Friend, etc.)	
Please confirm that you have obtained the permission of the complainant if you are filing out this complaint on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III	
Complainant believes the discrimination experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of alleged discrimination (Month, Day, Year): _____	
Time of alleged discrimination (Time): _____	
Location of alleged discrimination?: _____ (Address, Bus ID#, and/or Bus Route/Direction)	
If your complaint is NOT based on race, color or national origin, please call CyRide at 515-292-1100 to issue your concern.	

Section III (continued)

Describe the acts of discrimination providing the name(s) of the individuals who allegedly discriminated (if applicable & known) or CyRide services in violation of Title VI. Describe the appearance of all persons who were involved. Include the names and contact information of any witnesses. If needed, please use the back of this form or attach additional pages.

Section IV

Have you filed this specific complaint with any other Federal, State or local agency, or with any Federal or State court?

Yes No

If YES, with what agency or court? Please provide more information below:

Agency/Court:

Contact Name:

Title:

Address:

City, State, Zip:

Telephone:

Date Filed:

Signature and date are required below for CyRide to process this complaint. You may attach any written materials or other information that is relevant to your complaint.

Complainant's Signature

Date

Please submit this form in person at the address below, or mail this form to:

CyRide

Attn: Asst. Director of Operations

601 N. University Blvd.

Ames, IA 50010