



Title VI Complaint Form
Denton County Transportation Authority (DCTA)

DCTA 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 180 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 Title VI coordinator by calling (972) 221-4600. The completed form must be returned to DCTA, P.O. Box 96, Lewisville, Texas 75067.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City State & Zip Code:	

Which of the following best describes the reason the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of the Incident:

Please describe the alleged discrimination incident. Provide the names of and titles of all DCTA employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Complete reverse side of form

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Describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agency? (Circle one) Yes / No
If so, list the agency/agencies along with their contact information below:

Agency:	Contact Name:
Street Address, City State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City State & Zip Code:	Phone:

I affirm that I have read the above charge and it is true to the best of my knowledge and belief.

Complainant Signature

Date

Print or Type Name of Complainant

Date Received: _____
Received By: _____