

**Civil Rights Complaint Form
Tri-State Transit Authority(TTA)
Huntington, WV 25779**

The Tri-State Transit Authority (TTA) is responsible for ensuring that as a provider of public transit is committed to properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

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 Civil Rights Officer by calling (304) 529-6094. The completed form must be returned to TTA Office of Civil Rights, P.O. Box 7965, Huntington, WV 25779.

We cannot accept your complaint without a signature, so please sign on the last page of the form.

| | |
|--|-------------------------|
| 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 for the alleged discrimination took place? (Circle one) Race Color Disability National Origin (Limited English Proficiency) Other: _____ | Date of Incident: |
| I believe that a public transit provider has failed to comply with the following program requirements (Circle one) Disadvantaged Business Enterprise External Equal Employment Opportunity Not Applicable Other: _____ | |

Please describe the alleged Civil Rights violation. Provide the names and title of all TTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Empty rows for describing the violation.

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

| | |
|---------|---------------|
| Agency: | Contact Name: |
|---------|---------------|

| | |
|---|--------|
| Street Address, City, State & Zip Code: | Phone: |
|---|--------|

| | |
|---------|---------------|
| Agency: | Contact Name: |
|---------|---------------|

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|---|--------|
| 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.

| | |
|-------------------------|-------|
| Complainants Signature: | Date: |
|-------------------------|-------|

Print or Type Name of Complainant

Date Received: _____

Received By: _____