

Broward County Board of County Commissioners
Transportation Department – Transit Division

COMPLAINT OF TITLE VI DISCRIMINATION

The Broward County Transit Division 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, consistent with Title VI of the Civil Rights Acts of 1964, as amended.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, or national origin, may file a written complaint with the Broward County Transit Division.

In order to process your complaint, please fill out the attached form. If you need help in completing this form, please call the Title VI Coordinator at 954-357-8481. The completed form can be returned to:

Broward County Transit Division
Attention: Title VI Coordinator – Safety and Compliance Manager
1 North University Drive, Suite 3100A
Plantation, FL 33324
Telephone: (954) 357-8481
TTY: (954) 357-8302

LANGUAGE TRANSLATION SERVICE AVAILABLE

NOTE: If you require this Title VI Complaint Form to be translated into another language, please click on “Google Translate” at the top right corner of this web page and select the appropriate language for your translation.

SERVICIO DE TRADUCCIÓN LENGUA DISPONIBLE

NOTA: Si usted requiere de este Formulario de Queja del Título VI de ser traducido a otro idioma, por favor haga clic en cualquiera de “Google Translate” en la esquina superior derecha de esta página web y seleccionar el idioma.

LANG TRADIKSYON SÈVIS KI DISPONIB

REMAK: Si w mande pou s a Tit VI Fòm Plent dwe tradui nan yon lòt lang, tanpri klike sou swa “Google Translate” nan kwen paj sa a web tèt dwat epi chwazi lang ki apwopriye a pou tradiksyon ou.

Complainant Information:

Name (First, Last Name) _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Person discriminated against (if someone other than the complainant):

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Are you represented by an attorney for this complaint?

Yes _____ No _____

If yes, please complete the following:

Attorney's Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

National Origin, including Limited English Proficiency_____

Route number (if applicable): _____ Bus number (if applicable): _____

[illegible]

Telephone: _____

Date _____