# 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.

## SERVICO DE TRADUCCIÓN LENGUA DISPONIBLE

NOTA: Si usted require de este Formulario de Queja del Titulo VI de ser traducido a otro idoma, por favor haga clic en cualquiera de "Google Translate" en la esquina superior derecha de esta pàgina 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?
YesNo
If yes, please complete the following:
Attorney's Name:
Street Address:
City, State, Zip Code:
Telephone:

Names and contact information of witnesses:	
Which of the following best describes the reason for t	the alleged discrimination? (Check one or more)
olor	
National Origin, including Limited English Proficiency	у
Please describe the alleged discrimination incident: Date of incident:	
Time of day:	
Location:	
Route number (if applicable):	Bus number (if applicable):
Please explain what happened and who you believe	was responsible. Please provide as much detail as possible.
	tion with any other federal, state, or local agencies; or with a state or federal court
/esNo	
f yes, check all that apply:	e State Court Local Court
rederal State  Please provide the name of the Agency where you fil	
	, .
ontact Parcon:	
Colonhana:	
elephone.	
ıffirm that I have read the above charge and th	nat it is true to the best of my knowledge, information, and belief.
gnature of Complainant	
ate	