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

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:
Names and contact information of witnesses:
Which of the following best describes the reason for the alleged discrimination? (Check one or more)
Race
Color
National Origin, including Limited English Proficiency

or way					
ocation:					
Route number (if applic	 cable):		Bus number (if applicab	ole):	
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		•	•	as much detail as possible.	
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lave you filed a compla	aint of the alleged				
Have you filed a compla 'esNo f yes, check all that app	aint of the alleged	discrimination with	any other federal, state,	or local agencies; or with a s	tate or federal court
Have you filed a compla 'esNo f yes, check all that app ederalFe Please provide the nam	aint of the alleged oly: deral Court e of the Agency w	discrimination with State here you filed your o	any other federal, state, State Court complaint.	or local agencies; or with a s	tate or federal court
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Have you filed a compla /es No f yes, check all that app Federal Fe Please provide the nam Agency Name: Contact Person:	aint of the alleged 	discrimination withState here you filed your o	any other federal, state, State Court complaint.	or local agencies; or with a s	tate or federal court