**Friends of Elder Citizens, Inc.**

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| **Transportation Programs Title VI Civil Rights Written Complaint Form** Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin may file a written complaint.  ***Section I – Basic Information*** |

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Numbers: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Electronic Mail Address (email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accessible Format Requirements?  Large Print \_\_\_\_\_\_\_ Audio tape \_\_\_\_\_TDD \_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

GCRPC Office Use only: Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Complaint# Assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Friends of Elder Citizens, Inc.**

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| **Cualquier persona que cree que él o ella, individualmente o como miembro de cualquier clase específica de personas, ha sido sometida a discriminación basada en raza, color o nacionalidad puede presentar una queja por escrito.**  ***Sección I – información básica***  Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Domicilia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teléfonos: (Inicio) \_\_\_\_\_\_\_\_\_\_\_ (trabajo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dirección de correo electrónico (email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ¿Requisitos de formato accesible?  Gran impresión \_\_\_\_\_\_\_ TDD\_\_\_\_ de cinta\_\_\_\_\_\_\_\_ de Audio\_\_\_\_\_\_\_ Otra\_\_\_\_\_\_ |

GCRPC Office Use only: Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Complaint# Assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_