

Sweetwater County Transit Authority

Combined Civil Rights Complaint Form for Title VI and ADA

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				

I believe the discrimination I experienced was based on (check all that apply):

Title VI: ☐ Race ☐ Color ☐ National Origin **OR** **ADA:** ☐ Disability

Other (specify): _____

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed an ADA and or Civil Rights (Title VI) related complaint with this agency?

Yes

No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes

☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court _____

☐ State Court _____

☐ State Agency _____

☐ Local Agency _____

If marked Yes in Section V, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:
Telephone:
Email:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Sweetwater County Transit Authority
Dwane Pacheco, Director (Title VI/ADA Coordinator)
1471 Dewar Drive, Suite 247
Rock Springs, WY 82901
307-382-7827
admin@ridestartransit.com**