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Title VI Discrimination Complaint Form

(Rev. 03/10)
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Please mail the signed form to:
Citibus, Director of Human Resources, 801 Texas Ave, Lubbock, TX 79401

1

First Name	MI	Last Name	
Street Address	City	State	Zip Code
Telephone Number (Including Area Code)		Best Time to Call	
Alternate Telephone Number (Including Area Code)		Best Time to Call	
Race	Color	Gender	National Origin

2

Who do you believe discriminated against you? (Respondent(s))

First Name	MI	Last Name	
Name of Business		Position/Title	
Street Address	City	State	Zip Code
Respondent's relationship to you			

3

When did the alleged act(s) of discrimination occur?

Please list all applicable dates in mm/dd/yyyy format.

Date(s): _____

Is the alleged discrimination ongoing? Yes No

4

Where did the alleged act(s) of discrimination occur?

Name of Place			
Street Address	City	State	Zip Code

5

Indicate the basis(es) of your complaint of discrimination (race, color, national origin).

Case Number: _____

This space for agency use only.
Date/Time Received in OCR: _____

6 Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach additional pages as necessary.

Did the person you are complaining against state a reason for the action prompting your complaint? *If yes, please explain.*

Please explain how other persons or groups of persons were treated differently by the person(s) who discriminated against you.

Please list and describe all documents, e-mails or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents described above or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report and the resolution.

Please explain any additional information pertaining to the alleged discrimination.

Please describe any affects you have suffered because of the alleged discrimination.

Please describe the remedy you are seeking as a result of filing this complaint.

7 If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

First Name	MI	Last Name	
Name of Business	Position/Title	Telephone Number	
Street Address	City	State	Zip Code

8 This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s). Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature

Date
