

# TheBus – Hernando County Transit

## Title VI Complaint Form



Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis race, color or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for TheBus, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information TheBus provides.

TheBus works to ensure nondiscriminatory transportation in support of our mission to provide effective and efficient transportation services to enhance the social and economic quality of life for all Hernando County citizens. TheBus's Civil Rights Liaison is responsible for Civil Rights compliance and monitoring to ensure nondiscriminatory provision of transit services and programs.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic 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      or      NO				
Section III:				

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 a Title VI 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 Agency

State Court

Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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:

Transit Coordinator – Hernando County Transit, 20 N. Main Street, Room 262, Brooksville, FL 34601

A person may also file a complaint with the Federal Transit Administration's Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.