sun tran sun van sun shuttle sun shuttle dial-a-ride sun LINK

TITLE VI COMPLAINT FORM

Please print this form and complete, sign and have it notarized prior to mailing. Incomplete or unsigned forms will be returned.

I. COMPLAINANT INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Is this complaint relative to:

❍ Public Accommodation ❍ Transit Services

II. TYPE OF COMPLAINT:

On what basis do you believe you are being or have been discriminated against? *(check all that apply)*

❍ Race ❍ Color ❍ National Origin ❍ Language ❍ Income

III. IS YOUR COMPLAINT RELATED TO:

❍ Sun Tran ❍ Sun Van ❍ Sun Link ❍ Sun Shuttle ❍ Sun Shuttle Dial-A-Ride ❍ Sun Shuttle Dial-A-Ride *(Oro Valley)*

IV. DESCRIBE HOW YOU WERE DISCRIMINATED AGAINST:

Beginning with the most recent incident, please list events in reverse chronological order by date of occurrence. Be specific. Attach additional pages, if necessary.

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V. WITNESSES:

A. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

B. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

C. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

VI. WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?

_____

_____

_____

VII. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER AGENCY?

❍ Yes ❍ No

If yes, please list which agencies _____

VIII. OATH OF AFFIRMATION:

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed complaint form with documentation relating to this complaint to:

Sun Tran
Title VI Coordinator
3920 N. Sun Tran Blvd.
Tucson, Arizona 85705