



Title VI Complaint Form
Metropolitan Transit Authority of Harris County, Texas (METRO)
Office of Equal Employment Opportunity (EEO)

METRO is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (713) 652-8658. The completed form must be returned to METRO EEO Office, Title VI Coordinator, 1900 Main Street, P.O. Box 61429, Houston, TX 77208-1429.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code
Person(s) Discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Check one)

- RACE
- COLOR
- NATIONAL ORIGIN (LIMITED ENGLISH PROFICIENCY)

Date of Incident: _____

Time of Incident: _____

Please describe the alleged discrimination incident. Provide the names and titles of all METRO employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

(Complete next page of form)



Title VI Complaint Form
Metropolitan Area Transit Authority of Harris County, Texas (METRO)
Office of Equal Employment Opportunity (EEO)

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES NO

If so, list agency/ agencies and contact information below.

Agency: _____ Contact Name: _____

Street Address, City, State, & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State, & Zip Code: _____ Phone: _____

I affirm that I have read the above charge and it is true to the best of my knowledge.

Print or Type Name of Complainant _____ Date _____

Complainant's Signature

Date Received:	_____
Received By:	_____