

CAPITAL AREA TRANSIT SYSTEM (CATS)

Title VI Complaint Form

Title VI Notice: Capital Area Transit System (CATS) is committed to ensuring that no person is excluded from participating 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.

Today's Date: _____

Type of Service Involved:

Complainant's Name: _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

☐ Fixed Route

☐ Paratransit

☐ Customer Service

☐ Other: _____

Person discriminated against (if other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What was the discrimination based on? (Check all that apply)

☐ Race

☐ Color

☐ National Origin

Date of incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? *(If additional space is required, please attach additional sheets of paper to back of the form. Additionally, you may attach any written materials or supporting documentation you think is relevant to your complaint.)*

What CATS representatives are the person(s) alleging were involved?

Where did the incident take place? Please provide location, bus number, drivers name, etc.

Witnesses: Please provide their contact information.

① Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

② Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

③ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

Did you file this complaint with another federal, state, or local agency? (Check the appropriate space)

☐ Yes ☐ No

If answer is yes, check each agency complaint was filed with:

☐ Federal Agency ☐ State Agency ☐ Local Agency ☐ Other _____

Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

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

Signature

Date

Print or Type Name

Please mail, deliver, or e-mail the completed form to CATS, Title VI Coordinator:

US Mail: 2250 Florida Blvd Baton
Rouge, LA 70802
tcating@brcats.com

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