STAR TRANSIT----- TITLE VI COMPLAINT FORM

STAR Transit 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 St. Tammany Department of Grants by calling (985) 809-2989. The completed form must be returned to the St. Tammany Parish Department of Grants-Transit, 21454 Koop Drive, Room 327, Mandeville, LA 70471 or via email at startranist@stpgov.org. 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 Date of Incident: reason for the alleged discrimination took place? (Circle one) Race Color National Origin Please describe the alleged discrimination incident. Provide Limited English Proficiency the names and title of all STAR Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Agency:	Contact Name:	
Street Address, City, State & Zip Code:	Phone:	
Agency:	Contact Name:	
Address, City, State & Zip Code:	Phone:	
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	Complainants Signature:	Date
	Print or Type Name of Complainant	_
Date Received:		
Received Rv		