

Spokane Transit Title VI Complaint Form

Spokane Transit does not discriminate in the provision of service on the basis of race, color, and national origin.

Should you require any assistance in completing this form, please let us know.

Complete and return this form to:

Ombudsman

Spokane Transit
1230 West Boone Avenue
Spokane, WA 99201

(Please Type or Print Clearly)

1. Complainant's name _____
2. Address _____
3. City, State, Zip code _____
4. Home phone number (____)_____ (Cell or mobile number) (____)_____
5. Email address _____
6. Are you the Complainant? ___ Yes ___ No
If no, Your name _____
Relationship to the Complainant _____
Phone (____)_____ Cell (____)_____ Email _____
Does the Complainant know you are filing this complaint? ___ Yes ___ No
7. Which of the following best describes the reason you believe the alleged discrimination took place? Select all that apply. Was it because of your:
a. Race
b. Color
c. National Origin
8. Date of alleged discrimination (month/day/year) _____

9. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

10. Please give the name, mailing address, home phone number, and cell phone number for anyone who witnessed the alleged discrimination.

11. What would you consider an appropriate resolution to your complaint?

12. Have you filed this complaint with any other agency? ___ Yes ___ No

Agency Name _____

Agency Contact Person/Phone _____

13. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature _____

Date (month/day/year) _____

Within 15 working days of receiving the completed complaint, STA will acknowledge receipt of the complaint in writing. The letter will include information about the investigative steps to be taken and a timeline for resolution. If additional information is needed from the complainant, STA will request that information be provided in writing to append to the original complaint. A final letter of resolution will be sent to the complainant on completion of the investigation.

Upon request, alternative formats of this document will be produced for people who are disabled. Call (509) 325-6094 TTY 711 or email smillbank@spokanetransit.com