

Title VI Complaint Form



Spokane Transit Authority (STA) does not discriminate in the provision of service on the basis of race, color, or national origin. Any person who believes STA has discriminated against him or her on the basis of race, color, or national origin may file a complaint using this form. STA does not investigate complaints received more than 180 days after the alleged incident.

For more information on STA's commitment to nondiscrimination, or to request a copy of this form in an alternative format due to a disability, contact the STA Ombudsman:

STA Ombudsman
Spokane Transit
1230 W. Boone Ave.
Spokane, WA 99201
(509) 325-6094 (TTY Relay 711)
ombudsman@spokanetransit.com

(Please Type or Print Clearly)

1. Complainant's Name: _____
2. Address: _____
3. City, State, Zip Code: _____
4. Phone: _____ Email: _____
5. Are you the Complainant? Yes No
If no, your name: _____
Relationship to the Complainant: _____
Phone: _____ Email: _____
Does the Complainant know you are filing this complaint? Yes No
6. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
 Race
 Color
 National Origin
7. The date the alleged discrimination took place: _____

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8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please attach additional paper if needed.

9. Please give the name, mailing address, and telephone number for anyone who witnessed the alleged discrimination.

10. Have you filed this complaint with any other agency or court? Yes No

If yes, provide the name, address, and phone number of the contact person at the other agency/court: _____

Complainant's Signature _____ Date _____

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

Return the completed form and any additional materials to:

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