



TITLE VI COMPLAINT FORM

Pocatello Regional Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. If you believe that you have been discriminated against, this form should be completed to register a formal complaint.

If you require any assistance or would like to obtain more information on the complaint process, please contact the PRT Director by calling 208-232-5057, email prt@pocatello.gov, visit pocatellotransit.com or PRT's Transit Center located at 5815 South 5th – Pocatello, ID 83204.

COMPLAINANT INFORMATION

First and Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number (include area code): _____

Preferred Method of Contact (select one): Email Phone Mail

Alternate Format of Form (If none, skip to the next question)

Yes, I need the form in the following format: _____

Are You Filing this Complaint of Your Behalf? Yes No (If YES, please go to next section)

If NO, please provide the following information:

*Your name and relationship: _____

*Please explain why you have filed for a third party: _____

*Have you obtained permission of the aggrieved party if filling on behalf of a third party?

Yes No

OCCURRENCE INFORMATION

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Location of Incident: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses:

Have you filed this complaint with any other Federal, State, or local agency, or with any State/Federal Court?

Yes No (If YES, check all that apply): Federal Agency Federal Court
 State Agency State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name of Agency/Court: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number (include area code): _____

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

Signature: _____ Date: _____

**Signature and Date Required*

Please submit this completed form by mail or email to:

Pocatello Regional Transit
Attn: PRT Director
PO Box 4169
Pocatello, ID 83204
prt@pocatello.gov