



POCATELLO REGIONAL TRANSIT

City of Pocatello – Public Transit Dept.

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 filing 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: _____

