



# Title VI or Discrimination Complaint Form

Pierce 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. Section 504 of the Rehabilitation Act of 1973 states that no person with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity that receives Federal funding. Any person may make a complaint of discrimination on the basis of race, color, national origin, or disability by **submitting a written complaint within 180 days of the alleged discriminatory act.**

If you require any assistance in completing this form, please contact Customer Service by calling (253) 581-8000. The completed form must be returned to Pierce Transit via e-mail: [crofficer@piercetransit.org](mailto:crofficer@piercetransit.org) OR mail to: 3701 – 96th St. SW, P.O. Box 99070, Lakewood, WA 98496-0070, ATTN: Civil Rights Officer.

**The following information is necessary to assist us in processing your complaint.**

Your Name:	Phone:	Alt. Phone:
Street Address:	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 reason for the alleged discrimination that took place? (Circle one)      Date of incident: \_\_\_\_\_

- Race
- Color
- National Origin (Limited English Proficiency)
- Disability

Please describe the alleged discrimination incident. Provide names and titles of all Pierce Transit employees involved if available. Please provide as much detail as possible: route number, date and time of day, bus number, names and contact information for witnesses. 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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Complete reverse side of form

