

Handi-Wheels Transportation

TRANSIT TITLE VI COMPLAINT FORM

PART I - COMPLAINANT INFORMATION (Print all items legibly.)

Name		Telephone
Street Address/P.O. Box		Email Address
City	State	Zip Code

PART II - CAUSE OF DISCRIMINATION BASED ON [Check all appropriate box(es).]

☐ Race ☐ Color ☐ National Origin

PART III - THE PARTICULARS ARE: (Include names, dates, places, and incidents involved in the complaint.) [If additional space is needed, attach extra sheet(s).]

PART IV - REMEDY SOUGHT [State the specific remedy sought to resolve the issues(s).]

PART V - VERIFICATION

Complainant's Signature _____ Date _____

Instructions

GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or groups(s) of persons shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by **Handi-Wheels Transportation**. Any person or groups(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the **Handi-Wheels Transportation** Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to **(Roger Kjos, Handi-Wheels Transportation, 2525 Broadway N., #002, Fargo, ND 58102, 701-232-3231)**.

PART I

Complete all information in this section.

PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV

State the minimum remedy acceptable for resolution of this complaint.

PART V

Sign and date this section to verify the information contained in Parts I through IV.

Other agencies you may file a complaint with can be found on APPENDIX A.

APPENDIX A

Agencies Authorized to Receive and Process Complaints of Discrimination

North Dakota Department of Transportation

Civil Rights Division
608 E. Boulevard Avenue
Bismarck, ND 58507-0700

Phone: (701) 328-2576
Fax: (701) 328-0343
TTY: 711 or (800) 366-6888

Federal Transit Administration (FTA)

Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, S.E.
Washington, DC 20590

Phone (888) 446-4511

United States Department of Transportation (USDOT)

Departmental Office of Civil Rights
1200 New Jersey Avenue, S.E.
Washington, DC 20590

Phone: (202) 366-4649
Fax: (201) 202) 366-5575
TTY/Assistive Device: (202) 366-9696

USDOJ – Race, Color, National Origin Complaints

Federal Coordination & Compliance Section – NWB
Civil Rights Division
U.S. Department of Justice (USDOJ)
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

Phone: (888) 848-5306 (English & Spanish)
(202) 307-2222 (voice)
(202) 307-2678 (TDD)