

**Delta Bus Lines,
Title VI Complaint Form**

| | | | |
|---|-------------|---------------------------------------|------------|
| Section I: | | | |
| Name: | | | |
| Telephone (Home): | | Telephone (Work): | |
| Electronic Mail Address: | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape |
| | TDD | | Other |
| Section II: | | | |
| Are you Filing this complaint on your own behalf? | | | Yes* |
| | | | No |
| *If you answered "yes" to this question, go to Section III. | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | |
| Please explain why you have filed for a third party | | | |
| Please confirm that you have obtained the permission the aggrieved party if you are filing on behalf of a third party. | | | Yes |
| | | | No |
| Section III: | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | | | |
| Date of Alleged Discrimination (Month, Day, Year): | | | |
| Explain as clearly as possible what happened and why you believe you are discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if Known) as well as names and contact information of any witnesses. If more space is needed, please use the end of this form. | | | |
| Section IV: | | | |
| Have you previously filed a Title VI complaint with agency? | | | Yes |
| | | | No |
| Section V: | | | |
| Have you previously filed with any other Federal, State, or local agency, or with any Federal or State court? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, check all that apply | | | |
| Federal Agency: _____ | | <input type="checkbox"/> Federal | |
| Court: _____ | | | |
| State Agency: _____ | | <input type="checkbox"/> State Court: | |
| _____ | | | |
| Local Agency: _____ | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed | | | |
| Name: | | | |
| Title: | | | |
| Agency: | | | |
| Address: | | | |

Telephone:

Section VI

Name of agency complaint is against:

Contact Person:

Title:

Telephone number:

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

Signature and date required below

Signature

Date

Please submit this form at the address below:

Delta Bus Lines Title VI Coordinator

P.O. Box 1214

Clarksdale, MS 38614

662-627-5188

Notes: