



# Title VI Complaint Form

## City of Asheville

### Transit Services

**Do you think you have been discriminated against by Asheville Transit on the grounds of race, color or national origin?**

The City of Asheville 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 US law (Title VI of the Civil Rights Act of 1964, as amended).

**Complaints under the Title VI law must be filed within 180 days from the date of the alleged discrimination. Please complete the information below to file your complaint. If you need help completing this form, call the City of Asheville Transportation Department at (828) 232-4531 or email [iride@ashevillenc.gov](mailto:iride@ashevillenc.gov).**

Your Name: \_\_\_\_\_ Street Address \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Other phone: \_\_\_\_\_

Who was discriminated against? (Please circle) You?                      Someone Else?

If someone else, their:

Name(s): \_\_\_\_\_ Street Address \_\_\_\_\_

City State & Zip Code: \_\_\_\_\_

Was the discrimination based on? (Circle all that apply)

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

Date of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. If possible, provide the names and titles of all City Of Asheville transit employees involved. Explained what happened and who you believe was responsible. Please use the back of this form if additional space is required.

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Incident description continued:

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Have you filed a complaint with any other federal, state or local agencies? (Circle one)

Yes / No

If so, list agency or agencies and contact information below:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

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Complainants Signature:

Date:

**Please return the completed and signed form to: City of Asheville (COA), Transportation Department, Transportation Planning Management Division, 70 Court Plaza, Asheville 28801.**

City of Asheville Use Only:
Print or Type Name of Complainant
Date Received:
Received By: