



Civil Rights Complaint Form

Formulario de quejas de derechos civiles

Instructions: Use this form for any complaint related to Title VI, Americans with Disabilities Act (ADA), or other Civil Rights complaint. Please print and complete the following form, sign, and return to: Town of Cary/GoCary, Attention: Transit Program Coordinator, PO Box 8005, Cary, NC 27512.

For questions or a full copy of GoCary's Civil Rights policies and complaint procedures, please submit a written request to the above address, visit www.GoCary.org, call (919) 653-7141, or Email BetterTransit@GoCary.org

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. In addition to Title VI, GoCary also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation. The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know.

Section I:		
1. Name (Complainant):		
2. Home Address (Street No., City, State, Zip)		
3. Phone:	4. Email Address:	
5. Accessible format requirements? (please check preference)		
<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> TDD
<input type="checkbox"/> Other (please indicate) _____		
Section II:		
6. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "yes" to this question, please go to Section III .)		
7. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:		
8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Section III:

9. Have you previously filed a Civil Rights complaint with GoCary? Yes No

10. Have you filed this complaint with any other federal, state, or local agencies or with any federal or state court?
Yes No

11. If "yes," please check all that apply:
 Federal Agency Federal Court State Agency State Court Local Agency

12. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:

Agency/Court: Contact Name: Address: Phone Number:

Section IV:

13. Date of Incident:	14. If applicable, name of person(s) who allegedly discriminated against you:
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15. Discrimination based on (please check all that apply):

a. Race b. Color c. National Origin d. Age e. Sex

f. Disability g. Religion h. Medical Condition i. Marital Status

j. Sexual Orientation k. Other _____

16. Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. You may attach additional sheets as necessary.



17. How can this issue be resolved to your satisfaction?

18. Please list any person(s)/ we may contact for additional information to support or clarify your complaint:

Name: _____ Address: _____ Phone Number: _____

Section V:

Signature:

Date of filing:

Please note: GoCary cannot accept your complaint without a signature.

Please mail your completed form to:

Town of Cary / GoCary
Attention: Transit Program Coordinator
PO Box 8005
Cary, NC 27512

Civil Rights complaints may also be filed with:

The U.S. Department of Transportation
Attn: Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

The Town of Cary will retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years.