

Civil Rights Complaint Form Formulario de quejas de derechos civiles

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.

Instructions: To submit a Civil Rights complaint to GoCary, please print and complete the following form, sign, and return to: Town of Cary/GoCary, Attention: Title VI 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

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)				
Large Print Audio Tape				
Other (please indicate)				
Section II:				
6. Are you filing this complaint on your own behalf? □Yes □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?				
□Yes □No				
Section III:				
9. Have you previously filed a Civil Rights complaint with GoCary	ry? □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	□ Local Agency	
12. If filed at an agency and/or co		mation for your point of contact at t		
complaint was filed:			D , N , N	
Agency/Court: Contac	t Name:	Address:	Phone Number:	
Section IV:				
13. Date of Incident:		14. If applicable, name of persor	n(s) who allegedly	
		discriminated against you:		
15. Discrimination based on (plea	se check all that apply):			
, , , , , , , , , , , , , , , , , , ,	11.37			
a. □Race b. □Color	c. ⊟National Origin	d. □Age e. □Sex		
f. □Disability g. □Religion	h.	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.				
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	s)/ we may contact for addit		
<u>Name:</u>	Addres	<u>ss:</u>	Phone Number:
Section V:			
Signature:		Date of filing:	
Plaa	se note: GoCary cannot ac	cont your complaint wi	thout a signaturo
Please mail your complete	ed form to:		
	Town	of Cary / GoCary	
		: Title VI Coordinator O Box 8005	
		iry, NC 27512	
Title VI complaints may als	so be filed with:		
		artment of Transportation VI Program Manager	
		v Jersey Avenue SE	
		ington, DC 20590	