Title VI Discrimination Complaint Form

Seward County Public Transit

To file a Title VI complaint of discrimination, please complete this Complaint Form in full and submit it within 180 days following the alleged incident using the provided agency contact information. Complaints received after 180 days will not be eligible for investigation. Title VI complaints must involve issues pertaining to race, color, or national origin. Complaint Forms may be submitted by an individual or a representative of that individual.

Complaints must be made in writing and contain as much information as possible about the alleged discrimination. If complaints are received by telephone, the information will be documented in writing and provided to the complainant for confirmation or revision and signature prior to processing. The written complaint should include the complainant's name, address, and telephone number, as well as a detailed description of the issues and the name(s) and job title(s) of individuals perceived as parties in the complaint.

After completing this Complaint Form, please return it to the address below:

Seward County Public Transit
Attn: Title VI Coordinator
320 S. 14th Street
Seward, NE 68434
(402)-643-4067
jbaker@co.seward.ne.us

Complainants may also choose to return this form to the Nebraska Department of Roads at the following address:

Nebraska Department of Roads
Attn: Title VI Transit Manager
1500 Hwy 2
Lincoln, NE 68502
(402)-479-4694
kari.ruse@nebraska.gov

This form may also be submitted to the Federal Transit Administration at the following address:

Federal Transit Administration
Office of Civil Rights
Attn: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, D.C. 20590

Para obtener una copia de este documento en Español, favor de visitar el sitio de web de la agencia a http://www2.connectseward.org/cgov/ADAantidiscrimination.htm. Para asistencia adicional, favor de ponerse en contacto con el Departamento de Carreteras de Nebraska al numero telefónico dado anteriormente. Un interprete telefónico puede ser proporcionada por NDOR para asistir personas de dominio de Inglés limitado.

Public Transit

NDOR
Nebraska
Department of Roads

Complainant:	Phone:
Address:	Email:
Person Discriminated Against if Different from Above:	Phone:
Address:	Email:

What is the full legal name of the organization that discriminated against you?

Type of Discrimination:	Date of Incident:
☐ Race/Color ☐ National Origin ☐ Retaliation	

Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint (attach additional pages if necessary):

Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint:

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

_____ _____

Signature *Date*

Attachments: ☐ Yes ☐ No

Please submit this completed form using the contact information provided on page 1.

NDOR USE ONLY	
Received By:	Date: