TARC
Service · Support · Advocacy

Title VI / ADA Complimentary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with TARC, Inc. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about TARC, Inc. Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Jessica Abel, ADA Compliance Officer, (785) 232-0597 or jabel@tarcinc.org.

Section I				
Name:				
Address:				
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 of 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):

❑ Race ❑ Color ❑ National Origin ❑ Age

❑ Disability ❑ Other (specify) _____

Date of Alleged Discrimination (Month, Day, Year): _____/ _____/ _____

Time of Day: _____

Location: _____

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Explain as clearly as possible what happened and why you believe you were 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 attach additional pages.

Witness(es): ❑ YES ❑ NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Telephone Number (_____)

(2) Name:

Telephone Number (_____)

(3) Name:

Telephone Number (_____)

(4) Name:

Telephone Number (_____)

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
❑ Yes ❑ No

If yes, check all that apply:

❑ Federal Agency _____

❑ Federal Court _____ ❑ State Agency _____

❑ State Court _____ ❑ Local Agency _____

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Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone Number: (_____)
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone Number: (_____)

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

Signature and date required below:

Signature _____ Date _____/ _____/ _____

Please submit this form in person at the address below, or mail this form to:

TARC, Inc.
ATTN: Executive Director
2701 SW Randolph Ave
Topeka KS 66611

INTERNAL USE ONLY

To be completed by Title VI Compliance Officer

Accepted for formal investigation _____/ _____/ _____

Referred to another department on _____/ _____/ _____

Rejected on _____/ _____/ _____

Reason for Rejection:

Jessica Able, Title VI Compliance Officer

Signature _____ Date _____/ _____/ _____