Title VI Complaint Form
Des Moines Area Regional Transit Authority (DART)

DART 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 Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the DART Customer Service Manager by calling (515) 283-8131. The completed form must be returned to DART, Customer Service Manager, 1100 DART Way, Des Moines, Iowa 50309.

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAT COMPLAINANT):

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION? (CHECK WHICH APPLY)

RACE COLOR NATIONAL ORIGIN
LIMITED ENGLISH PROFICIENCY OTHER:_____

DATE OF INCIDENT:_____

TIME OF INCIDENT:_____

DESCRIBE THE ALLEGED DESCRIMINATION INCIDENT. PROVIDE THE NAMES AND TITLES OF ALL DART EMPLOYEES RESPONSIBLE. EXPLAIN WHAT HAPPENED, WHOM YOU BELIEVE WAS RESPONSIBLE AND OTHER SPECIFIC RELEVANT INFORMATION. PLEASE USE AN ADDITIONAL SHEET OF PAPER IF MORE SPACE IS REQUIRED.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)

YES NO

IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

_____ _____

COMPLAINTANT'S SIGNATURE **DATE**

_____

PRINT OR TYPED NAME OF COMPLAINTANT

DATE RECIEVED:
RECEIVED BY: