

GREAT Title VI Complaint Form

Section I:

Name:	
Address:	
Telephone #1:	
E-Mail Address:	

Telephone #2:	
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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 you answered "no" to this question, please provide the name and the relationship of the person for whom you are complaining.

Name:	
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Relationship:	
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Please explain why you are filing a complaint for someone else.

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Have you have obtained the permission of the person for whom you are complaining?

 Yes No

Section III

What was the discrimination about which you are complaining based on ("X" all that apply)

<input type="checkbox"/>	Race
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<input type="checkbox"/>	Color
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<input type="checkbox"/>	National Origin
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What was the date of the alleged discrimination (mm/dd/yy):

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At the top of the next page, please explain as clearly as possible what happened and why you believe there was discrimination. Describe all persons who were involved. Include the name(s) and contact information of the person(s) who you believe did the discriminating (if known). Include the name(s) and contact information of any witnesses. You may also attach any written material or other information that you think is relevant to the complaint.

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Section IV

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

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

If you answered this question "yes," please place an "X" and identify all that apply.

X	Name
	Federal Agency
	Federal Court
	State Agency
	State Court
	Local Agency

If you identified any agency/court, please provide information about a contact person at the agency/ court where the complaint was filed.

Name:	
Title:	
Agency/Court:	
Address:	
Telephone:	

Section V

Signature and date are required:

Signature Date

**Please mail or submit this form in person to: Transit Manager, GREAT, 1500 Beatty Street,
Greenville, NC 27834**