

Title VI Discrimination Complaint Form

Please complete, sign, and return this form to the address listed at the bottom of the page.

NEBRASKA

Good Life. Great Journey.

DEPARTMENT OF TRANSPORTATION

Complainant name												
Address				City			State			Zip code		
Phone				Email								

Person discriminated against, if different from complainant												
Address				City			State			Zip code		
Phone				Email								



Type of discrimination:	<input type="checkbox"/> Race/Color	<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> National origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Other
Date of incident						

Please provide the date and location of the alleged discriminatory actions, including both the earliest and most recent incidents.

Please provide a brief and clear account of the discriminatory incident, including details of what happened, who was involved and any differential treatment compared to others. You may also include supporting materials for your complaint. Please attach any additional written or supporting information that you believe is relevant to this complaint.

Please provide the names and contact information of persons, including witnesses or others, whom we may contact for additional information to investigate your complaint.

To process your complaint, please ensure it is signed and dated below.	
Signature	
Date	

MAIL 	York County Public Transportation 1614 N Division Ave., P.O. Box 96 York, NE 38467
EMAIL 	lbyers@yorkcountyne.gov

OFFICE USE ONLY			
Received by		Date received	