



The Grand Connection – Transit Title VI Complaint Form

The City of Grand Prairie’s Transit Division, as a recipient of federal financial assistance, is required to ensure that its transit service and related benefits are distributed in a manner consistent with Title VI of the Civil Rights Acts of 1964, Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, or national origin, may file a written complaint with the City of Grand Prairie’s Transit Division.

We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. Submit your signed complaint and any attachments to:

City of Grand Prairie Transit, Transit Coordinator
1821 State Hwy 161, Grand Prairie, Texas 75051

1. Complainant

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

2. Person discriminated against (if someone other than the complainant).

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Tel. Number: _____



Business Number: _____

Email Address: _____

3. Are you represented by an attorney for this complaint?

Yes ____ No ____

If yes, please complete the following:

Attorney's Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

4. Which of the following best describes the reason you believe this Complaint took place?

Race ____ Color ____ National Origin ____

5. Date of the alleged Complaint: _____

6. In the space below, please describe the alleged discrimination.

Explain what happened and who you believe was responsible. (Include bus number, route number, Name of Transit Employee(s) involved in the incident, date, location, and time of incident, if applicable.) Attach additional sheet if necessary.



7. Have you filed a complaint of the alleged discrimination with a federal, state, or local agency; or with a state or federal court?

Yes _____ No _____

If yes, check all that apply:

Federal _____ Federal Court _____ State _____ State Court _____ Local _____

Please provide the name of the Agency where you filed your complaint.

Name: _____

Contact Person: _____

8. Please sign below. You may attach any additional information you think is relevant to your complaint.

Signature of Complainant

Date