Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall on the
ground of race, color, or national origin be excluded from participation in, be denied the
benefits of, or be subjected to discrimination under any program or activity receiving federal
financial assistance.” If you feel you have been discriminated against in public transportation
services or transit-related benefits, please provide the following information in order to assist
us in processing your complaint and send it to:

Transit Planner, Title VI Compliance Officer
City of Sioux Falls, Planning Office
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
605-367-8890

Please print clearly.

SECTION I:

Name: ________________________________________________________________

Address: __________________________________________________________________________

City, State, Zip Code: ___________________________________________________________________

Phone: __________________________ (home) __________________________ (cell)

Email: __________________________

Accessible format requirements? ___ Large Print   ___ Audio Tape   ___ TDD   ___ Other

SECTION II:

Person discriminated against: _____________________________________________

Address of person discriminated against: ___________________________________

City, State, Zip Code: __________________________________________________________
SECTION III:

Please indicate why you believe the discrimination occurred.

__________ Race
__________ Color
__________ National Origin

What was the date of the alleged discrimination (Month, Day, Year)? ________________

Where did the alleged discrimination take place? _______________________________________________________________________

Please describe, as clearly as possible, the circumstances as you saw it and why you believe you were discriminated against. _______________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please list all persons involved and any witnesses with their names and phone numbers (if known).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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       _____ State agency
_____ Federal court        _____ State court
_____ Local agency
Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title: ________________________________________________________________

Agency: ________________________________________________________________

Address: ________________________________________________________________

Telephone: ________________________________________________________________

Email: ________________________________________________________________

SECTION VI:

Name of agency complaint is against: ______________________________________

Contact person: ____________________________________________________________

Title: ________________________________________________________________

Telephone: ________________________________________________________________

Please attach any documents you have that support the allegation. Date and sign this form and send to the Title VI Compliance Officer at:

Transit Planner, Title VI Compliance Officer
City of Sioux Falls, Planning Office
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402

________________________________
Your signature

________________________________
Print your name

________________________________
Date