

Lorain County Transit (LCT)
Title VI Complaint Form

LCT 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 90 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form please contact the LCT Civil Rights Office by calling (440) 329-5525. The completed form must be return to Lorain County Transit, 226 Middle Avenue, Elyria, OH 44035.

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|---|-------------|---------------|------------|--|
| Section I: | | | | |
| Name: | | | | |
| Address: | | | | |
| Phone (Home): | | Phone (Work): | | |
| Email Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| 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 not, please supply the name and relationship of the person for whom you are complaining: | | | | |
| Please explain why you have filed for a third party: | | | | |
| | | | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | Yes | No | |
| Section III: | | | | |

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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: _____

Federal Court: _____ State Agency: _____

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 Number:

Section VI:

Name of agency complaint is against:

Contact person and Title:

Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Lorain County Transit

Civil Rights Officer

226 Middle Avenue

Elyria, OH 44035