



**CITY OF OCALA AND SUNTRAN  
TITLE VI COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of **race, color, or national origin** in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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.”

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for City of Ocala and SunTran, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information City of Ocala& SunTran provides.

The City of Ocala and SunTran works to ensure nondiscriminatory transportation in support of our mission to provide effective and efficient management and delivery of public, specialized, and coordinated transportation services in Marion County. City of Ocala and SunTran's Human Resources Department acts as a Civil Rights Liaison and is responsible for civil rights compliance and monitoring to ensure non-discriminatory provision of transit services and programs.

Complaint No.: \_\_\_\_\_

Home Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List type of discrimination (please check all that apply):

Race ( ) National Origin ( ) Color ( )

Other \_\_\_\_\_

Please indicate your race/color, if it is a basis of your complaint: \_\_\_\_\_

Please describe your national origin, if it is a basis of your complaint: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Time and date of incident: \_\_\_\_\_

Name/Position title of the person who allegedly subjected you to Title VI discrimination: \_\_\_\_\_

\_\_\_\_\_

Briefly describe the incident (use a separate sheet, if necessary):

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Did anyone else witness the incident?                      Yes ( )                      No ( )

List witnesses (Use a separate sheet, if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Have you filed a complaint about the incident with the Federal Transit Administration?

Yes ( )                      No ( )                      If yes, when? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date