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(704) 336 7433 or Telltransit@charlottenc.gov

Civil Rights Officer, CATS, 600 East Fourth Street, Charlotte, NC 28202

TITLE VI DISCRIMINATION COMPLAINT FORM

<p>1. Name of Complainant</p> <p>2. Telephone</p> <p>3. Home address (street, city, state, zip)</p>	<p>4. Person discriminated against (if someone other than complainant)</p> <p>Name</p> <p>Address</p> <p>City, State, Zip</p> <p>Telephone Numbers</p>	
<p>5. Describe who allegedly discriminated against you. (if known include) name of person(s), badge number, employee number, vehicle number, and/or contact information:</p>	<p>6. Date /time of alleged incident (Month, Day, Time of Day, Year):</p>	<p>7. Location of alleged incident (Include bus route and number, if involved.)</p>
<p>9. I believe the discrimination I experienced was based on (check all that apply):</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Color</p> <p><input type="checkbox"/> National Origin</p> <p><input type="checkbox"/> Limited Ability to Speak English and/or the Language I Speak.</p> <p>Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.</p>		
<p>10. Fully identify any persons or witnesses we may contact for additional information to support or clarify your allegations (name, address, telephone(s))</p>		
<p>11. What other information do you have which is relevant to an investigation of this complaint?</p>		
<p>12. How can your issue(s) be resolved to your satisfaction?</p>	<p>12. If you have filed this complaint with CATS before, please specify when, where, and how?</p>	
<p>Signature:</p>	<p>DATE:</p>	
<p>INTAKE BY (Administration Staff Representative)</p>		