

(704) 336 7433 or Telltransit@charlottenc.gov
Civil Rights Officer, CATS, 600 East Fourth Street, Charlotte, NC 28202

TITLE VI DISCRIMINATION COMPLAINT FORM

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