## **Title VI Complaint Form in English**

## TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Valley Metro or City of Phoenix or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 802.253.5000 (TTY: 802.251.2039) or via email at csr@valleymetro.org.

SECTION 1: CUSTO	MERINFORMATION		-	
First Name:		Last Name:		
			Zip:	
Email:		Preferred meth	od of contact: Phone Email	
SECTION 2: INCIDE	NT INFORMATION			
Date of Incident:	Time of Incident:	AM PM City:		
Incident Location:		Direction of Tr	avel:	
Route #:	50	Bus/Light Rail/Streetcar#		
Service Type: Local i	Bus 🗆 Express/RAPID 🗆 Cir	culator/Connector  Light f	Rail Streetcar Dial-a-Ride	
Operator Name:	70000			
Operator Description:				
What was the discrimina	ation based on (Check allthat a)	oply): Race Color C	National Origin 🗆 Other	
			ion relevant to your complaint.	
If yes, please provide in	plaint with the Federal Transit formation about a contact pers	son at the FTA where the or	es  No omplaint was filed:	
Address:		Phone	E .	
Signature and date requ	d a Title VI complaint with this ired below:		LURA TURNER HOMES	