

BTS Title VI, EJ & Public Participation COMPLAINT FORM

This form is for the purpose of making a complaint alleging unfair or discriminatory treatment in the course of the planning or delivery of public transit services by the Beloit Transit System (BTS). Federal law requires that all persons shall be treated fairly regardless of race, color or national origin and that no persons or groups of persons shall receive unfair benefits from or be burdened with unfair adverse affects in conjunction with the planning and delivery of the services provided by BTS. Please refer to the BTS Title VI & Environmental Justice Plan for further explanation of these requirements (available in the BTS Administration Building and on the BTS Web Page <http://www.beloitwi.gov>).

Section 1	Name: _____		Address: _____	
	Phone & (time of day to contact): _____		E-mail: _____	
	<p>You may file this complaint by: ⁽¹⁾ Mail or in person at the BTS Administration Building, 1225 Willowbrook, Beloit, WI 53511; ⁽²⁾ Telephone with the Director of Transit (608-364-2870); ⁽³⁾ FAX at 608-364-2871; ⁽⁴⁾ E-mail at gavinm@ci.beloit.wi.us; or ⁽⁵⁾ Drop of at the BTS Transfer Facility, 225 Shirland Ave.</p>			
	<p><input type="checkbox"/> If you wish to file this complaint verbally, in person, you may wish to set up an appointment. If you would like us to contact you to set up an appointment, please check here. It will help if you review the questions below and answer as many as possible.</p>			
	<p>If you need assistance in filing this complaint, please specify how we can help.</p>			
	<input type="checkbox"/> Interpreter What language? _____		<input type="checkbox"/> TDD <input type="checkbox"/> Larger print	
<input type="checkbox"/> Other _____				
Section 2	<p>Are you filing this complaint on your own behalf? If Yes, check box and go to Section 3. <input type="checkbox"/> Yes</p>			
	<p>If you are filing for someone else, do you have permission to file on their behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
	<p>Please supply the name (if known) of the person for whom you are complaining: _____</p>		<p>Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Please explain why you are filing for someone else: _____</p>			
Section 3	<p>I believe the discrimination experienced or unfair treatment was based on (check all that apply):</p>			
	<p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> LGBT <input type="checkbox"/> Language <input type="checkbox"/> Income level <input type="checkbox"/> Other</p>			
	<p>Date(s)/Time(s) of Alleged Discrimination: _____</p>			
	<p>On the reverse of this form or with attached pages:</p>			
	<p>⁽¹⁾ Explain what happened, i.e., the discrimination or unfair treatment you believe occurred. ⁽²⁾ Describe / identify all persons involved. ⁽³⁾ Describe the location, situation and any circumstances you feel are relevant. ⁽⁴⁾ If witnesses were present, please describe and, if possible, provide names and contact information. ⁽⁵⁾ Please attach any written materials or other information that you think is relevant to your complaint.</p>			
Section 4	<p>Have you previously filed <u>this</u> or a similar complaint? <input type="checkbox"/> NO <input type="checkbox"/> YES, Approximate date: _____</p>			
	<p>Have you filed with any other Agency or Court? NO <input type="checkbox"/> YES <input type="checkbox"/> Check all that apply.</p>			
	<p><input type="checkbox"/> Federal Transit Administration <input type="checkbox"/> Federal Highway Administration <input type="checkbox"/> Federal Court</p>			
	<p><input type="checkbox"/> Illinois Department of Transportation <input type="checkbox"/> Wisconsin Department of Transportation</p>			
	<p><input type="checkbox"/> Court in Illinois <input type="checkbox"/> Court in Wisconsin <input type="checkbox"/> Other Local Agency - Name: _____</p>			
	<p>If possible, please provide whatever information you know about a contact person at the agency/court where the complaint was filed.</p>			
Name: _____		Title: _____		
Agency: _____		Address _____		
Telephone _____		E-Mail: _____		
Section 5	<p>Please sign and date</p>			
	_____		_____	
	Signature		Date	
<p>BTS Director of Transit</p>		<p>1225 Willowbrook</p>		
<p>Beloit, WI 53511</p>		<p>608-364-2870</p>		
<p>Complaint Processing notes: _____</p>		<p>Date received: _____</p>		
<p>File Name or # Assigned _____</p>		<p>Initial Processing Date: _____</p>		
<p>_____</p>		<p>Staff assigned to investigate: _____</p>		