



TITLE VI /ADA COMPLAINT FORM

No person in the United States shall, on the basis of race, disability, 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.

If you feel you have been discriminated against in the provision of transportation services, please complete this form to assist Great Circle in processing your complaint. You may complete the form electronically, or print it out and complete it offline. If you any additional assistance in completing this form, send an e-mail to PQI@GreatCircle.org.

Mail to:
Director of Performance Improvement
Great Circle
330 N. Gore Ave.
St. Louis, MO 63119

E-mail to:
PQI@GreatCircle.org

PLEASE PRINT

1. Complainant's contact information

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Primary telephone (include area code): _____ (home / cell / work)

Alternate telephone (include area code): _____ (home / cell / work)

E-mail address: _____

Do you prefer to be contacted at this e-mail address? Yes No

2. Accessible format of form (If none needed, skip to Question 3)

Yes, I need the form in the following format _____

3. Filing complaint

On my own behalf (Proceed to Question 6)

For someone else (Complete the following information)

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____ Primary
telephone (include area code): _____ (home / cell / work)
Alternate telephone (include area code): _____ (home / cell / work)
E-mail address: _____

Do you prefer to be contacted at this e-mail address? Yes No

4. Relationship to person for whom you are filing the complaint: _____

5. Confirmation of permission

Yes, I have obtained permission from the aggrieved person to file on behalf of him/her.

No, I do not have permission.

6. Form of discrimination

I believe the discrimination I experienced was based on: (check all that apply)

Race Color National origin (classes protected by Title VI)

Disability Other (please specify) _____

7. Date/location of alleged discrimination

Month/Day/Year: _____

Location: _____

8. Description of discriminatory incident

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

9. Witnesses

List any and all witnesses' names and telephone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

10. Potential corrective action

What type of corrective action would you like to see taken?

11. Other filings

Have you filed a complaint with any other Federal/State/local agency or with any Federal/State/county court? *(If none, skip to Signature/Date line)*

I have filed with: *(check all that apply)*

Federal Agency: _____ *(specify agency)*

Federal Court: _____ *(location/jurisdiction)*

State Court

State Agency: _____ *(specify agency)*

County Court: _____ *(specify court and county)*

Local Agency: _____ *(specify agency)*

12. Contact information for other filings

If you checked any line in Question 11, provide contact information for all agencies/courts in which you've filed a complaint.

Name: _____ Title: _____

Agency: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

- *Provide additional contact information for additional agencies/courts on the back of this form or separate pages as needed.*
- *Attach any written materials or other information you believe is relevant to your complaint.*

SIGNATURE/DATE *(required)*

Signature

Date