



Berks Area Regional Transportation Authority

TITLE VI COMPLAINT FORM

INSTRUCTIONS: If you would like to submit a Title VI Complaint to the Berks Area Regional Transportation Authority, please complete the form below and return to BARTA, Attn: Title VI Coordinator, 1700 N. 11th Street, Reading, PA 19604. For questions, please contact BARTA at 610-921-0601, ext. 202 or email to jweiss@bartabus.com.

Your Name:	Phone:
Street Address:	Alternate phone:
	City, State & Zip Code:
If applicable, the name of the person(s) who you believe discriminated against you:	Date of the incident:
	Time and Bus number, if applicable:
Person(s) discriminated against (if other than the complainant:	
Which of the following best describes the reason for the alleged discrimination? <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Limited English Proficiency	
Please describe the alleged discrimination incident. Provide the names and titles of all BARTA employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.	

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Please describe the alleged incident (continued)

Have you filed a complaint with any other federal, state or local authorities? (Check One)

Yes No

If so, list the agency/agencies and contact information below.

Agency

Contact Name

Street address, City, State & Zip Code

Phone Number

Agency

Contact Name

Street address, City, State & Zip Code

Phone Number

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's Signature

Date

Printed or typed name of Complainant

Date received _____

Received by _____