

Title VI Complaint Form
The Gulf Coast Transit District

The Gulf Coast Transit District is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Customer Service Representative for Connect Transit by calling 1-800-266-2320. The completed form must be returned to Gulf Coast Transit District. Attention Customer Service Rep., 1415 33rd Street N., Texas City, Texas 77590.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all GCC/Connect Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____ Phone: _____

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

Complainants Signature: _____ Date: _____

Print or Type Name of Complainant

Date Received: _____
Received By: _____