



# TITLE VI COMPLAINT PROHIBITION AGAINST DISCRIMINATION

The purpose of this form is to assist you in filing a complaint with Wellington Area Public Transit (WALT). You are not required to use this form; a letter containing the same information will be sufficient.

<b>Section I:</b>		
Name:		
Address:		
Phone (home):	Phone (work):	Phone (cell):
Electronic Mail Address:		
Do you need assistance to fill out this form?		
<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> TDD <input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.		

**Section IV**

Have you previously filed a Title VI complaint with this agency?  Yes  No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes  No

If yes, check all that apply:  Federal Agency  Federal Court  State Agency  
 State Court  Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form in person at the address below, or mail this form to:

President/CEO  
Futures Unlimited, Inc.  
2410 North A Street  
Wellington, KS 67152