

**Title VI Complaint Form**

Champaign-Urbana Mass Transit District (MTD)  
Office of Civil Rights

**If you need assistance completing this form, contact MTD’s Title VI Compliance Officer at 217.384.8188.**

CUMTD 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 Title VI Compliance Officer by calling 217.384.8188. The completed form must be returned to the Title VI Compliance Officer, CUMTD, 1101 East University Avenue, Urbana, IL 61802.

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

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

Date of Incident \_\_\_\_\_

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

Please describe the alleged discrimination incident. Provide the names and titles of all MTD employees involved, if available. Explain what happened and who you believe was responsible. Please the back for this form if additional space is required.

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Please describe the alleged discrimination incident (continued):

Lined area for describing the incident.

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.

Print Name