

Title VI & ADA Complaint Form

CityBus prohibits discrimination based on race, color, national origin, or disability in our services, programs, and activities.

If you believe you have experienced discrimination under Title VI or the Americans with Disabilities Act (ADA), you may file a complaint using this form. Provide as much detail as possible to assist in our investigation. You may attach any relevant documents to support your complaint.

Section I: Complainant Information

Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

Preferred Contact Method: Phone Email Mail

Accessible Format Requirements?

Large Print Audio Tape TDD Other: _____

Section II: Complainant Representation

Are you filing this complaint on your own behalf?

Yes (*Proceed to Section III*) No (*Complete the following*)

Name of person on whose behalf complaint is filed:
Relationship to complainant:

Have you obtained permission from the aggrieved party to file on their behalf?

Yes No

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Section III: Complaint Details

Type of Complaint (*Check all that apply*):

- Title VI (*Race, Color, National Origin*)
- ADA (*Accessibility, Disability*)
- Other: _____

Date of Incident:
Location of Incident:

Description of Complaint:

(Include specific details such as names, dates, times, route numbers, witnesses, and any other relevant information. Attach additional pages if necessary.)

List any witnesses and their contact information:

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

Section IV: Previous Actions

Have you previously filed a complaint with CityBus regarding this issue?

Yes No

If yes, what was the complaint number? _____

Have you filed this complaint with any other agency?

Yes No

If yes, specify the agency:

- Federal Transit Administration
- U.S. Department of Transportation
- Indiana Dept. of Transportation
- Department of Justice
- Equal Employment Opportunity Commission
- Other: _____

Have you filed a lawsuit regarding this complaint?

Yes No

If yes, please provide a copy of the complaint.

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Section V: Signature

I affirm that the information provided above is true and correct to the best of my knowledge.

Signature:
Date:

(Note: We cannot accept your complaint without a signature.)

Submission Instructions

Mail or email your completed form to:

CityBus of Greater Lafayette
Customer Experience Manager
1250 Canal Rd.
Lafayette, IN 47904
Email: ridehelp@gocitybus.com

CityBus is committed to providing equitable and accessible transportation for all. We will review your complaint promptly and take appropriate action in accordance with Title VI and ADA regulations.