

TITLE VI Complaint Form – Hub City Transit

Individuals who believe they have been denied the benefits of, excluded from participation in, or subject to discrimination on the grounds of race, color, or national origin by a recipient of Federal Transit Administration (FTA) funding can file an administrative complaint under Title VI of the Civil Rights Act of 1964. Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance”.

This protection and same opportunity to file a complaint extends to the public through Executive Order 12898, “Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations,” and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

Individuals may file a complaint by completing and submitting the following Title VI complaint form. Assistance is available upon request. Complaints must be signed and include contact information and should be sent via mail to: MPO Division, P.O. Box 1898, Hattiesburg, MS 39403 or delivered in person to: MPO Division, 200 Forrest St., Hattiesburg, MS, 39401. Alternatively, it can be emailed to mpo@hattiesburgms.com.

1. Complainant’s Name: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone No. (Home): _____ Cell: _____ Business: _____

5. Email Address: _____

6. TDD/Other: Large Print TDD
 Audio Tape Other

7. Are you filing this complaint on your own behalf? (*check the appropriate box*)

[] Yes (*go to question 9*) [] No (*go to question 8*)

8. If No, please give us the following information on the person discriminated against:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Relationship to Complainant: _____

Why filing for a third party? _____

Please confirm you have permission to file complaint: [] Yes [] No

9. I believe the discrimination I experienced was based on (check all that apply):

- Race
 Color
 National Origin

10. What date did the alleged discrimination take place? (month, day, year) : _____

11. In your own words, describe the alleged discrimination. Explain what happened and who was involved. Include name and contact information of the person(s) who discriminated against you (if known) or any witness information. Please attach additional sheets of paper if more space is required.

12. Have you previously filed a Title VI complaint with this agency? [] Yes [] No

13. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? (check appropriate box) [] Yes [] No

If answer is yes, check each box that applies:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Local Agency (Other than Hub City Transit)
<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Court
<input type="checkbox"/> State Agency	<input type="checkbox"/> Other: _____

Please provide contact person information for the agency or court you also filed the complaint with (attach more sheets if necessary):

Name/agency: _____

Contact person: _____

Title: _____ Telephone No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Complaint Filed: _____

14. Name of agency complaint is against: _____

Contact person: _____

Title: _____ Telephone No.: _____

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.

Signature: _____ **Date:** _____

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

Submit form in person to:
MPO Division
200 Forrest Street
Hattiesburg, MS 39401

Submit form by mail to:
MPO Division
P.O. Box 1898
Hattiesburg, MS 39403

Submit form by email to:
mpo@hattiesburgms.com