

**B.G.** Transit

## B.G. Transit Complaint Form and Title VI Complaint Form (on page 2)

## **B.G. Transit General Complaint Form**

Passenger name: Passenger address:	Phone number: Date:
Name and/or description of B.G. Transit employ Date of incident:	yee:
	place. Be sure to use as much detail as possible including vent. Attach an additional sheet if necessary. You must
Complainant's Signature	

You may fax this form to (419) 353-4763. You may also hand deliver it or mail it to: City of Bowling Green Grants Administration Office 304 N. Church St., Bowling Green, OH 43402

## **Title VI Complaint Form**

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone	e (Work):		
Email Address:		1			
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
Are you filing this complain			Yes*	No	
*If you answered "yes" to the	his question, go to Sectio	n III.			
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you ha	ve filed for a third party:		l		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No	
Section III:					
I believe the discrimination	I experienced was base	d on (check	all that apply):		
[] Race [] Co	olor [] National Origin				
Date of Alleged Discrimina	tion (Month, Day, Year):		_		
Explain as clearly as possil against. Describe all perso the person(s) who discrimininformation of any witnesses	ns who were involved. In nated against you (if kno	clude the nawn) as well a	ame and contact in as names and con	nformation of tact	
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B.G Transit Complaint Form (including Title VI Complaint	B.G Transit Complaint Form (including Title VI Complaints), cont'd				
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Section IV					
Have you previously filed a Title VI complaint w	vith this	Yes	No		
agency?		1.00	110		
Section V					
Have you filed this complaint with any other Fe	deral, State, or lo	ocal agency, or v	vith any Federal		
or State court?	, ,	3 ,,	,		
[] Yes [] No					
If yes, check all that apply:					
[] Federal Agency:					
[] Federal Court	[] State Age	ency			
[] State Court					
Please provide information about a contact person at the agency/court where the complaint was					
filed.	oon at the agent	y/Court Wileie III	c complaint was		
Name:					

B.G Transit Complaint Form (including Title VI Complaints), cont'd	
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 yo complaint.	ou think is relevant to your
Signature and date required below.	
Signature	Date
Please submit this form in person at the address below, or mail t	his form to:
Tina Bradley, Title VI Coordinator	

Tina Bradley, Title VI Coordinator 304 N. Church Street Bowling Green, OH 43402