

Title VI/Nondiscrimination Complaint Form

Spink County Public Transit

Check what you believe to be the basis for the discrimination against you, such as race, sex or national origin. If you think that was more than one basis, more than one basis may be checked. You may also check more than one race/ethnic category.

I believe I was (or continue to be) discriminated against because of the following basis.

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Color | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Native Hawaiian or Other Pacific
Islander |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Asian |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> White |
| <input type="checkbox"/> Other: Please Explain | |

Was a complaint filed with any other agency? _____

If yes, please list the name of the agency or agencies below:

Name (s) of department employees or programs/offices involved in discrimination and /or harassment:

Name(s) of any witnesses: