TOPEKA METRO

Title VI Comment / Complaint Form

The following information is necessary to assist us in processing your comment or complaint.

Today’s Date: __________________________ Type of Service Involved:

Name: __________________________ Fixed Route
Address: __________________________ Lift
Phone Number(s): __________________________ Cab / Contractor
E-Mail Address: __________________________ Customer Service
Other: __________________________

Date of Incident: __________ Time of Incident: __________
Route # and Bus #: __________ Location of Incident: __________________________

Title VI Notice: Topeka Metro is committed to ensuring that no person is excluded from participating 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.

Does your complaint allege discrimination based on any of the following? ________ If so, which?

☐ Race ☐ Color ☐ National Origin

Please describe the alleged incident. Provide names of all Metro employees involved, if available. Explain what happened and who you believe was responsible.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

__________________________ __________________________
Signature Date

Print or Type Name

Please mail, fax or e-mail the completed form to Topeka Metro:

US Mail: 820 SE Quincy Street  Fax: (785) 354-8476
Topeka, KS  66612  E-Mail: info@topekametro.org
<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Resolution</th>
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<tbody>
<tr>
<td>CSS</td>
<td></td>
<td>resolved</td>
</tr>
<tr>
<td>Supervisor</td>
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<tr>
<td>Chief of Ops</td>
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<tr>
<td>Ex Director</td>
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<td>H/R (if needed)</td>
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