



## Title VI Complaint Form

The South Florida Regional Transportation Authority (SFRTA/Tri-Rail) is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its transit program, policy or activity on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended. If you believe you have been subjected to discrimination under Title VI, you may file a written complaint with the South Florida Regional Transportation Authority.

Please provide the following information in order to process your complaint. Assistance is available upon request. The completed form must be returned to:

**SFRTA - Administration Department, 800 NW 33<sup>rd</sup> Street, Pompano Beach, FL 33064;**  
**Telephone: 954-942-7245 or email [TitleVI@sfrta.fl.gov](mailto:TitleVI@sfrta.fl.gov)**

### Complainant

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Are you represented by an Attorney for this complaint?  Yes  No

If yes, please complete the following:

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

What was the discrimination based on? (Check all that apply)

Race  Color  National Origin

Time and date of incident: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Name/Position of the person who allegedly subjected you to Title VI discrimination: \_\_\_\_\_

Briefly describe the alleged incident (use separate sheet, if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone else witness the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please list witnesses:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State Court? \_\_\_\_\_ Yes \_\_\_\_\_ No      If Yes, check all that apply:

Federal \_\_\_\_\_ Federal Court \_\_\_\_\_ State \_\_\_\_\_ State Court \_\_\_\_\_ Local \_\_\_\_\_

Please provide the name of the Agency / Court where the complaint was filed:

Name & Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby swear/affirm that the information that I have provided regarding this Title VI Complaint is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

**Para recibir esta información en español por favor llame al 1 (800) TRI-RAIL (874-7245).**

**Pou resevwa enfòmasyon sa a an kreyòl silvouple rele 1 (800) TRI-RAIL (874-7245).**