



**TITLE VI Complaint Form  
Connect Transit  
Office of Civil Rights**

Connect Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by the 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.

The following information is necessary to assist us in processing your complaint. If required any assistance in completing this form, please contact the Title VI Coordinator by calling (309) 828-9833. The completed form must be returned to Connect Transit, Human Resources, 351 Wylie Dr, Normal, IL 61761.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Which of the following best describes the reason for the alleged discrimination to place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all Connect Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space required.

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Have you filed a complaint with any other federal, state, or local agencies? (Circle one)

Yes / No

If so, list agency / agencies and contact information below:

Agency: Contact Name:

Street Address, City, State & Zip Code: Phone:

Agency:  
Street Address,  
Phone:

Contact Name:  
City, State & Zip Code:

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

Complainant's Signature:

Date:

Print or Type Name of Complainant

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_