

Connect Transit Complaint Form

Connect Transit is responsible for adhering to the Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

Please mail your completed form to:

Connect Transit
351 Wylie Drive
Normal, IL

If you have questions about how to prepare a complaint, you may contact a Customer Service Representative at 1-309-828-9833. More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, **on separate pages**, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race / Color / National Origin

Disability

Not Applicable

Other (specify)

I believe that a public transit provider has failed to comply with the following program requirements:

Disadvantaged Business Enterprise

External Equal Employment Opportunity

Not Applicable

Other (specify)

Section II

Name:

Street Address:

City: State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print Not Applicable Other

Section III

Are you filing this complaint on your own behalf?

Yes No

[If you answered “yes” to this question, go to section IV.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

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 IV

Have you previously filed a civil rights complaint with the FTA?

Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

Transit Provider Department of Transportation Department of Justice

Equal Employment Opportunity Commission Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here:

Date:

Note: We cannot accept your complaint without a signature.

All Complaints will be referred to: Germaine Walls at (309) 829-1122.