

# Senior Meals & Services, Inc TRANSIT TITLE VI COMPLAINT FORM

**PART I - COMPLAINANT INFORMATION** (Print all items legibly.)

<b>Name</b>		<b>Telephone</b>
<b>Street Address/P.O. Box</b>		<b>Email Address</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**PART II - CAUSE OF DISCRIMINATION BASED ON** [Check all appropriate box(es).]

Race     
  Color     
  National Origin

**PART III - THE PARTICULARS ARE:** (Include names, dates, places, and incidents involved in the complaint.) [If additional space is needed, attach extra sheet(s).]


**PART IV - REMEDY SOUGHT** [State the specific remedy sought to resolve the issues(s).]


**PART V - VERIFICATION**

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instructions

### GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or groups(s) of persons shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by Senior Meals and Services, Inc. Any person or groups(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the Senior Meals and Services, Inc Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to Cathy Saele-Odendaal, Senior Meals and Services, Inc, 202 4<sup>th</sup> Ave NE, Devils Lake, ND 58301, 701-662-5061.

### PART I

Complete all information in this section.

### PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

### PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

### PART IV

State the minimum remedy acceptable for resolution of this complaint.

### PART V

Sign and date this section to verify the information contained in Parts I through IV.

### Complaints filed with Federal Transit Administration

Discrimination complaints based on race, color, or national origin may be filed with the Federal Transit Administration at the FTA

Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. The complaint **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.