

TITLE VI/ADA Complaint Form

Effective 5/19/2022

Individuals or organizations who believe they have been denied the benefits of, excluded from participation in, or subject to discrimination on the grounds of race, color, or national origin by a recipient of Federal Transit Administration (FTA) funding can file an administrative complaint under Title VI of the Civil Rights Act of 1964 or Titles II and III of the Americans with Disabilities Act of 1990.

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance."

This protection and same opportunity to file a complaint extends to the public through Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

Titles II and III of the Americans with Disabilities Act of 1990 provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including complementary paratransit service.

Individuals and organizations may file a complaint by completing and submitting the following Title VI/ADA complaint form. Assistance is available upon request. Complaints must be signed and include contact information and should be sent via mail or delivered to: Coast Transit Authority, 333 DeBuys Road, Gulfport, MS 39507. Alternatively, it can be faxed to 228/896-8081 or emailed to kcoggin@coasttransit.com.

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1. Complainant's Name: _____
 2. Address: _____
 3. City: _____ State: _____ Zip: _____
 4. Telephone No. (Home): _____ Cell: _____ Business: _____

5. Email Address: _____ TDD/Other: _____

6. Are you filing this complaint on your own behalf? (*check the appropriate box*)

Yes (*go to question 8*) No

7. If No, please give us the following information on the person discriminated against:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Relationship to Complainant: _____

8. Which of the following best describes why you think the discrimination took place? Was it because of your:

_____ Race

_____ Color

_____ National Origin

_____ Disability

What date did the alleged discrimination take place? _____

9. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please attach additional sheets of paper if more space is required.

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? (*check appropriate box*) Yes No

If the answer is yes, check each box that applies:

_____ Federal Agency

_____ Local Agency (Other than Coast Transit Authority)

_____ Federal Court

_____ State Court

_____ State Agency

_____ Other: _____

Please provide contact person information for the agency or court you also filed the complaint with (*attach more sheets if necessary*):

Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Date Filed: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signed: _____ Date: _____

(Note: we cannot accept your complaint without a signature. Thank you.)