Title VI/ADA Complaint Form Coast Transit Authority (CTA)

Instructions: Please complete the form below to file a complaint regarding discrimination under Title VI of the Civil Rights Act of 1964 or Titles II and III of the Americans with Disabilities Act of 1990. Complaints must be filed within 180 calendar days of the alleged incident. If you need assistance completing this form, CTA staff will assist you.

1. Complainant Information

- **Name:** _____
- **Address:** _____
- **City:** _____
- **State:** _____
- **Zip Code:** _____
- **Telephone Number:**
  - Home: _____
  - Cell: _____
  - Business: _____
- **Email Address:** _____

2. Filing on Behalf of Another Person

- Are you filing this complaint on your own behalf?
  - ☐ Yes (Skip to Section 3)
  - ☐ No (Complete the information below)

If No:

- **Name of Person Discriminated Against:** _____
- **Address:** _____
- **City:** _____
- **State:** _____
- **Zip Code:** _____
- **Telephone Number:** _____
- **Email Address:** _____
- **Relationship to Complainant:** _____

3. Basis of Complaint Which of the following best describes why you think the discrimination took place? (Check all that apply):

☐ Race
☐ Color
☐ National Origin
☐ Disability

☐ Sex
☐ Elderly

4. Incident Details

- **Date(s) of Alleged Discrimination:** _____
- **Describe the Alleged Discrimination:** (Explain what happened and whom you believe was responsible. Attach additional sheets if necessary.)

5. Witness Information

- **Names, Addresses, and Telephone Numbers of People Who May Have Knowledge of the Event:**

6. Other Complaints Filed

- Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?
  ☐ Yes
  ☐ No

If Yes:

- **Agency or Court Name:** _____
- **Contact Name:** _____
- **Address:** _____
- **City:** _____
- **State:** _____
- **Zip Code:** _____
- **Telephone Number:** _____
- **Date Filed:** _____

7. Signature I affirm that the information provided is true to the best of my knowledge.

- **Signature:** _____
- **Date:** _____

Submission Options:

- **Mail:** Coast Transit Authority (CTA), 333 DeBuys Road, Gulfport, MS 39507
- **Fax:** (228) 896-8081
- **Email:** cforet@coasttransit.com

This form is structured to capture all the required information outlined in the selected text while being user-friendly and easy to complete.