

SECTION I_____
Name

Date

Address

City

State

Zip

Phone (H)

(C)

(W)

Email: _____

Accessible Format Requirements? Large Print _____ Audio Tape _____ TDD _____

Other _____

SECTION II

Are you filing this complaint on your own behalf? Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

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 III

Have you previously filed a Title VI complaint with this agency? Yes ____ No ____

SECTION IV

Name of agency complaint is against: _____

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, 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. Please include the basis of the complaint - race, color, or national origin.

Please sign here: _____ Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to:

Title VI Coordinator
Shoreline Metro
608 S. Commerce Street
Sheboygan, WI 53081

Generally, complaints must be filed within 30 days of the alleged act of discrimination. Late filings may lead to a finding of an untimely complaint.