TITLE VI & LEP COMPLAINT FORM

Discrimination and Language Access Complaint

Use this form to report discrimination based on race, color, or national origin, including concerns about meaningful language access for people with limited English proficiency (LEP).

Free language assistance and accessible formats are available upon request. Call (719) 336-8034.

Complaints generally should be filed within 180 calendar days of the alleged incident.

1 YOUR INFORMATION

Full name

Phone

Mailing address

Email (optional)

City / State / ZIP

Preferred language

Preferred way to be contacted / accessibility assistance needed

2 PERSON AFFECTED

Are you filing on your own behalf? ☐ Yes ☐ No

If no, name of the person affected

Relationship to that person

Do you have their permission to file? ☐ Yes ☐ No ☐ Unable

If filing for someone else, explain why and any authorization limitations:

3 BASIS OF COMPLAINT

I believe I was treated differently because of (check all that apply):

☐ Race ☐ Color ☐ National origin

☐ LEP / language access

Examples: interpreter not provided; translation unavailable; denied or delayed service because of language.

4 INCIDENT DETAILS

Date(s) of incident

Time (if known)

Location / trip / vehicle / service involved

Name(s) of employee(s) or other people involved (if known)

5 DESCRIBE WHAT HAPPENED

Describe the incident, including what happened, why you believe it was discriminatory, and any witnesses. Attach additional pages if needed.

Witness name(s) and contact information (if known):

What action or resolution are you requesting?

6 OTHER COMPLAINTS OR CASES

Have you previously filed a complaint about this incident with PAT? ☐ Yes ☐ No

Have you filed with another agency or court? ☐ Yes ☐ No

If yes, name of agency/court, contact information, and case number (if known):

7 CERTIFICATION AND SIGNATURE

I certify that the information provided is true and accurate to the best of my knowledge. I understand PAT may contact me for additional details.

Signature **Date**

HOW TO SUBMIT

Submit the signed form to: Prowers Area Transit, Attn: Title VI/LEP Coordinator, 200 East Hickory Street, Lamar, CO 81052. Phone: (719) 336-8034. Ask for assistance if you need help completing or submitting this form.

You may also file directly with the Federal Transit Administration (FTA). Visit www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta or call (888) 446-4511.