

**EXHIBIT C**

**RTA'S TITLE VI COMPLAINT FORM**



**TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that "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 financial assistance." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

**General Counsel  
Regional Transportation Authority  
175 West Jackson Boulevard  
Suite 1650  
Chicago, Illinois 60604**

Please print clearly or type:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person discriminated against: \_\_\_\_\_

Address of person allegedly discriminated against:  
\_\_\_\_\_

City, State, Zip Code of person allegedly discriminated against:  
\_\_\_\_\_

Please check off why you believe discrimination occurred (check all that apply):

- race or color
- national origin
- income
- other (explain): \_\_\_\_\_

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw them:

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Please list any and all known witnesses' names and contact information:

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What type of corrective action would you like to see taken?

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Please attach any documents you have which support the allegation, then sign and date this form and send to the person listed on the first page of this form.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date