Title VI Complaint Form

The County of Kaua‘i, Transportation Agency (CTA), as a recipient of Federal funds, will fully comply with Title VI of the Civil Rights Act of 1964. CTA is committed to ensuring that no person using The Kaua‘i Bus is discriminated against on the basis of race, color, or national origin.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: County of Kaua‘i, Transportation Agency; 3220 Ho‘olako Street;

1. Complainant's name: ________________________________________________________________

2. Address: _______________________________________________________________________


4. Telephone No. (Home): ______________________ (Business): _______________________

5. Person discriminated against (if other than complainant)

   Name: ___________________________________________________________________________

   Address: _________________________________________________________________________

   City: __________________________ State: ________________ Zip Code: _________________

6. What was the discrimination based on? (Check all that apply):

   __________ Race
   __________ Color
   __________ National Origin
   __________ Other _________________________________________________________________

7. Date of incident resulting in discrimination: __________________________________________
8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Did you file this complaint with another Federal, State or local agency; or with a Federal or State court? (Check appropriate space) __________ Yes ________ No

If answer is yes, check each agency complaint was filed with:

Federal Agency ___________ Federal Court ___________ State Agency ___________
State Court ___________ Local Agency ___________ Other _______________________

10. Provide contact person information for the agency you also filed the complaint with:

Name: ____________________________________________

Address: __________________________________________

City: __________________ State: ______________ Zip code: ______________

Date Filed: __________________

11. Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant’s Signature ___________________________ Signature Date ____________________