

**CITY OF SIOUX FALLS  
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 public transportation services or transit-related benefits, please provide the following information in order to assist us in processing your complaint and send it to:

Transit Program Coordinator  
Title VI Compliance Officer, City of Sioux Falls  
231 North Dakota Avenue  
P.O. Box 7402  
Sioux Falls, SD 57117-7402  
605-367-8689

Please print clearly.

**SECTION I:**

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

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

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

Phone: \_\_\_\_\_(home) \_\_\_\_\_(cell)

Email: \_\_\_\_\_

Accessible format requirements?    Large Print    Audio Tape    TDD    Other

**SECTION II:**

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

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

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

**SECTION III:**

Please indicate why you believe the discrimination occurred.

Race

Color

National Origin

What was the date of the alleged discrimination (Month, Day, Year)? \_\_\_\_\_

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

Please describe, as clearly as possible, the circumstances as you saw it and why you believe you were discriminated against. \_\_\_\_\_

Please list all persons involved and any witnesses with their names and phone numbers (if known).

**SECTION IV:**

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

**SECTION V:**

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

If yes, check all that apply:

Federal agency

State agency

Federal court

State court

Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**SECTION VI:**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

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

Please attach any documents you have that support the allegation. Date and sign this form and send to the Title VI Compliance Officer at:

Transit Program Coordinator  
Title VI Compliance Officer, City of Sioux Falls  
231 North Dakota Avenue  
P.O. Box 7402  
Sioux Falls, SD 57117-7402

\_\_\_\_\_  
Your signature

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

\_\_\_\_\_  
Date