

**Rolling Plains Management Corporation  
SHARP Lines Rural Public Transportation  
Title VI Complaint Form**

**Section I:**

**Name:**

**Address:**

**Telephone (Home):**

**Telephone (Work):**

Email Address:

Accessible

Format

Large Print

**Audio Tape**

Requirements?

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:**

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

**Section IV**

Have you previously filed a Title VI complaint with this agency?

Yes

No

