



**Title VI of the 1964 Civil Rights Act** requires that “No person in the United States shall, on the grounds 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.”

**49 CFR part 21 and Part 303** and related Civil Rights authorities protects all persons from discrimination on the basis of sex, age, disability, low-income, or Limited English Proficiency (LEP).

If you believe you have been discriminated against in transit services, please find attached the necessary documents for filing a complaint

Please return the completed *Civil Rights Complaint Form* and *Civil Rights Complaint Consent/Release Form* to the address listed below.

**NOTE:** DARTS encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by fax or e-mail, an original, signed copy of the complaint must be mailed to DARTS Transportation Director as soon as possible, but no later than one-hundred-eighty (180) days from the alleged date of discrimination.

DARTS  
Attn: Transportation Director  
1645 Marthaler Lane  
West St. Paul, MN 55118

Phone: (651) 455-1560  
[www.dartsconnects.org](http://www.dartsconnects.org)



# Civil Rights Complaint Form

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**49 CFR Part 21 and Part 303** and related Civil Rights authorities protects all persons from discrimination on the basis of sex, age, disability, low-income, or Limited English Proficiency (LEP). If you believe you have been discriminated against in DARTS transit services, please provide the following information in order to assist us in processing your complaint.

DARTS encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by fax or e-mail, an original, signed copy of all complaint documents must be mailed to the Transportation Director as soon as possible, but no later than 180 days from the alleged date of discrimination.

This form must be submitted along with the *Civil Rights Complaint Consent/Release Form* and any other supporting documents.

**NOTE:** *The following information is needed to assist in processing your complaint.*

## Complainant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

## Person Discriminated Against (if other than complainant)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

**What best describes the reason you believe the discrimination took place? (Check all that may apply)**

- Race/Color (specify) \_\_\_\_\_
- National Origin (specify) \_\_\_\_\_
- Sex  Religion
- Age  Disability

**On what date(s) did the alleged discrimination take place?**

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**Please explain below as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to describe in what way you believe other persons were treated differently than you and why you believe these events occurred. (Please use additional sheets if necessary and attach a copy to written material pertaining to your case).**

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**List names and contact information of persons who may have knowledge of the alleged discrimination. (Use additional paper if needed)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

**How can this/these issue(s) be resolved to your satisfaction?**

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**Will you be using the assistance of an advisor?**

No  Yes – If yes, please provide his/her name and contact information.

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Please sign below. You may attach any other information that you believe is relevant to your complaint.**

**This Civil Rights Complaint Form or your written complaint statement must be signed and dated in order to address your claim(s).**

**Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The *Civil Rights Complaint Consent/Release Form* is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.**

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitted with this form:**

- Civil Rights Complaint Consent/Release Form (completed and signed)
- Additional information (as needed to complete this complaint)

**DARTS**

**Attention: Transportation Director  
1645 Marthaler Lane  
West St. Paul, MN 55118**

**Phone: (651) 455-1560  
Fax: (651) 234-2284**



## Civil Rights Complaint Consent/Release Form

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**NOTE:** This form must be submitted along with the *Discrimination Complaint Form* and any other supporting documents.

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

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

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

As a complainant, I understand that in the course of an investigation it may become necessary for DARTS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DARTS to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by Civil Rights statutes and regulations which are enforced by the Federal Motor Carrier Safety Administration (FMCSA) of the U. S. Department of Transportation (USDOT)

**Please check one:**

**I CONSENT** and authorize to have DARTS, as part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize DARTS to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating of this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized Civil Rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

**I DENY CONSENT** to have DARTS reveals my identity to persons at the organization, business or institution under investigation. I also deny consent to have DARTS disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing DARTS to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submitted with this form:**

- Civil Rights Complaint Form (completed and signed)
- Additional information (as needed to complete this complaint)

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