## **Title VI Complaint Form**

Metro Ride is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint.

Instructions: Please fill out the form below and send it to: Metro Ride, 420 Plumer Street, Wausau, WI 54403. To seek assistance completing this form or to inquire about the Metro Ride Title VI policy and procedures, please call 715-842-9287 or email metroride@ci.wausau.wi.us.

Name (complainant):		Home Address (street address	Home Address (street address, city, state, zip code):	
Division	Alternate Divers			
Phone:	Alternate Phone:			
Location and pos	ition of person(s) if known:			
Name of Person(s	s) who allegedly discriminated aga	inst you if known:	Date of incident:	
Which of the follo	wing best describes the reason for	the alleged discrimination?	L	
☐ Race	<u> </u>	imited English Proficiency)		
who was involved		other persons were treated differ	ere discriminated against. Indicate ently than you. Attach any written is required.	
	complaint with any other federal, st		□No	
Agency:	/agencies and contact information  Address:	below:	Phone:	
	Address		Plant	
Agency:	Address:		Phone:	
Agency:	Address:		Phone:	
Please list below	any person(s) we may contact for	additional information to support	or clarify your complaint (witnesses):	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
I affirm that I have	e read the above complaint and tha	at it is true to the best of my know	rledge, information and belief.	
Complainant's Signature:		Date:	Date:	