



112 West Elm Street
 Lamar, Colorado 81052
 Phone: (719) 336-3850
 Fax: (719) 336-3835

ADA COMPLAINT OR TITLE VI COMPLAINT

SECTION I

Complainant's Name: _____

Address: _____

City:	State:	ZIP Code:
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Phone:	E-mail:
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Accessible Format Requirements?

Large Print:	YES	NO	Audio Tape:	YES	NO
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TDD:	YES	NO	Other:	YES	NO
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The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title IV of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation Guidance to recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

SECTION II

Are you filing this complaint on your 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:

Name: _____

Address:	Relationship:
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City:	State:	ZIP Code:
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Phone:	E-mail:
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Please explain why you have filed for a third party: _____

Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of the third party. YES NO

SECTION III

Have you previously filed an ADA or Title IV complaint with SECED/SETran? YES NO

If yes, what was your SECED/SETran complaint number?

I believe the discrimination I experienced was based on:

- Race
- Disability
- Color
- National Origin

ADA COMPLAINT OR

TITLE VI COMPLAINT

Have you filed this complaint with any outside agencies? YES NO

If you answered yes, who did you file the complaint with?

Federal Transit Administration	U.S. Department of Transportation
Colorado Dept of Transportation	Department of Justice
Equal Employment Opportunity Commission	Other:

Have you filed a lawsuit regarding this complaint? YES NO

If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.)

SECTION IV

Complaint is against:

Contact Person:	Title:
Phone:	Email:

Describe your complaint: Please use additional sheets if necessary.

SECTION V

Sign the complaint in space below.

Signature of applicant:	Date:
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(Note: We can not accept your complaint without a signature - Typing your name signifies your acceptance as an electronic signature when emailed).

Please download this form, sign the form and mail or email your completed form to:

SECED/SETran

Attn: Program Director

306 Bent Ave., Las Animas, CO 81054

Email to charity.markus@setran.net and copy to: seced@seced.net

Describe your complaint -Additional Sheet: