



City of Key West Department of Transportation Title VI Complaint Form

This form is provided to persons who feel they may have been discriminated against with regard to race, color, or national origin. If you feel you were discriminated against for any of these reasons you are entitled to file a complaint using this form and formally request an investigation (and action is deemed appropriate) with the City of Key West, KWT Civil Rights Officer, 5701 College Road, Key West, FL 33040.

SECTION I:	
Name:	Telephone (Cell / Home / Work)
Address:	
Electronic Mail Address:	
SECTION II:	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of Alleged Discrimination (Month, Day, Year): _____	
Bus #: _____ Route: _____ Location: _____ Driver's Name: _____	
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 any witnesses. If more space is needed, please use the back of this form.	

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below:

Signature

Date

Please submit this form in person or mail to: Key West Transit, Civil Rights Officer, 5701 College Rd., Key West, FL 33040.