



# Pottstown Area Rapid Transit

## Title VI Civil Rights Complaint Form

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq., and Civil Rights Restoration Act of 1987 provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity. Please visit [www.pottstownarearapidtransit.com](http://www.pottstownarearapidtransit.com) or contact the Borough Manager at 610-970-6511 for policy information.

If you feel you have been discriminated against in transit services, please complete the following form, sign, and return to:

Pottstown Area Rapid Transit  
Attn: Borough Manager  
100 E. High Street  
Pottstown, PA 19464  
Email: [takepart@pottstown.org](mailto:takepart@pottstown.org)

Please print clearly:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

1) Are you filing this complaint on your own behalf? Yes\_\_\_ No\_\_\_

2) If no, please describe your relationship to the complainant for whom you are filing and why you are filing on their behalf. \_\_\_\_\_

\_\_\_\_\_

3) Date of Incident: \_\_\_\_\_

4) If applicable, name of person(s) who allegedly discriminated against you: \_\_\_\_\_

\_\_\_\_\_

5) Discrimination based on (please circle all that apply): Race \_\_\_\_\_ Color \_\_\_\_\_  
National Origin \_\_\_\_\_

6) Please provide a brief explanation of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Please list contact information for any witnesses we can contact to support or clarify your complaint:

| Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

8) What type of corrective action would you like to see taken? \_\_\_\_\_  
\_\_\_\_\_

9) Please attach any documents you have which support the allegation.

Attach: Yes \_\_\_\_\_ NO \_\_\_\_\_

10) Have you previously filed a Title VI complaint with PART? Yes\_\_\_ No\_\_\_

If yes, please provide date of incident: \_\_\_\_\_

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

Please print name: \_\_\_\_\_