

Title VI Discrimination Complaint Form

Name	Phone	Name of Person(s) That Discriminated Against You	
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If Known)	
City, State, Zip		City, State, Zip	
Discrimination Because Of: <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation			Date of Alleged Incident
Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also, Attach Any Written Material Pertaining To Your Case.			
Signature		Date	
Please submit this form to one of the following agencies:			
ICB Agency <i>Title VI Coordinator, Chris Springer</i> The Fullington Auto Bus Company 316 East Cherry Street, P.O. Box 211, Clearfield, Pa. 16830 Phone (814) 765-9709 Fax Number (814) 765-9572 Email chrisspringer@fullingtontours.com	PennDOT <i>Bureau of Equal Opportunity</i> P.O. Box 3251 Harrisburg, PA 17105-3251 Phone: (717) 787-5891 or (800) 468-4201 Fax: (717) 772-4026 Email: penndotreports@pa.gov	Federal Transit Administration <i>Office of Civil Rights</i> U.S. Department of Transportation ATTN: Title VI Program Coordinator East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590	U.S. Department of Justice <i>Office of Justice Programs</i> Office for Civil Rights 810 7th Street, NW Washington, DC 20531 (202) 307-0690 202-307-2027 (TDD)