Cambria County Transit Authority
Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in any way, please provide the following information in order to assist us in processing your complaint. Please submit your complaint to:

Title VI Officer
Cambria County Transit Authority
502 Maple Avenue
Johnstown, PA 15901

Please print clearly.

Section I:
Name: ________________________________________________________________________
Address: ______________________________________________________________________
City: ______________________________________ State: _________ Zip Code: ____________
Telephone (Home): ________________________ Telephone (Cell): _______________________
Accessible Format Requirements? [ ] Large Print [ ] TDD [ ] Audio Tape [ ] Other: _________

Section II:
Are you filing this complaint on your own behalf?      [ ] Yes*      [ ] No
*If you answered “yes” to this question, go to Section III.
Please supply the name and relationship of the person you are completing the complaint form for:
Name: ____________________________________ Relationship: ________________________
Please explain why you have filed for a third party: ____________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.   [ ] Yes    [ ] No

Section III:
Why do you believe the discrimination occurred? (Check all that apply):
[ ] Race       [ ] National Origin       [ ] Color       [ ] Other: ________________________
Date of Alleged Discrimination (Month, Day, Year): ________________________________
Where did the alleged discrimination take place? ______________________________________

Please explain as clearly as possible what happened and why you believe you were
discriminated against. Provide the name of person(s) who discriminated against you (if known).
If more space is needed, please use a separate sheet of paper.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list the names and contact information for any and all witnesses.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Section IV:
Have you previously filed a Title VI complaint with CamTran? [ ] Yes [ ] No

Have you filed a complaint with a Federal, State or local agency, or with any Federal or State
court? [ ] Yes [ ] No

If yes, check all that apply:
[ ] Federal agency   [ ] Federal court   [ ] State agency   [ ] State court   [ ] Local agency

Please provide information about a contact person at the agency/court where the complaint
was filed.

Name and Title: ________________________________________________________________

Agency: ________________________________________________________________

Address: ________________________________________________________________

City, State and Zip Code: _____________________________________________________

Telephone Number: __________________________________________________________

You may attach any written materials or other information that you think is relevant to your
complaint.

Signature and date is required below.

__________________________________________________      _____________________
Signature              Date