

# 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.

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

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**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