RIDE CONNECTION
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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternative formats, please let us know.

Please complete this form and mail or return in person to: Ride Connection Inc., Chief Quality Assurance & Compliance Officer, Mike Mullins, 9955 NE Glisan Street, Portland, OR 97220.

Section I:
Name: _______________________________________________________________________________
Address: _______________________________________________________________________________
Telephone (Home):____________________________   Telephone (Work): ________________________
Electronic Mail Address: _________________________________________________________________

Accessible Format Requirements?
[ ] Accessible Format Requirements?
[ ] Large Print   [ ] Audio Tape
[ ] TDD    [ ] 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.

If not, please supply the name and relationship of the person for whom you are complaining:
______________________________________________________________________________

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:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race     [ ] Color     [ ] National Origin     [ ] Other: _________________________

Date of Alleged Discrimination (Month, Day, Year): __________________________

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 the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race     [ ] Color     [ ] National Origin

Date of Alleged Discrimination (Month, Day, Year): __________________________

Section IV:

Have you previously filed a Title VI complaint with Ride Connection?

[ ] Yes     [ ] No

Section V

Have you filed this complaint with any other 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:_____________________________________________________
Title:_________________________________ Agency:___________________________________
Address:_______________________________________________________________________
Telephone:______________________________________________________________________

Section VI

Name of agency complaint is against: ________________________________________________
Contact person: _________________________________________________________________
Title: __________________________________________________________________________
Telephone Number: ______________________________________________________________

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:

Ride Connection
Attn: Chief Quality Assurance & Compliance Officer
9955 NE Glisan Street
Portland, OR  97220