

## TITLE VI COMPLAINT FORM City Utilities of Springfield

The purpose of this form is to assist you in filing a complaint with City Utilities – Transit, if you or your group feels the actions of City Utilities Transit has negatively impacted or caused undue burden to either, but not limited to, a specific minority group, disabled individuals, lower-income population, or the traditionally underserved. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (\*) must be provided, whether or not the form is used.

1. \* State your name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No:

Home :(\_\_\_\_) \_\_\_\_\_ Work :(\_\_\_\_) \_\_\_\_\_

2. \* Person(s) or Group negatively impacted or caused undue burden, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No:

Home :(\_\_\_\_) \_\_\_\_\_ Work :(\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s).

\_\_\_\_\_

3. Does your complaint concern discrimination involving disproportionately high and adverse impacts on low income and minority populations, delivery of services or in other discriminatory actions of City Utilities in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

\_\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_\_ National origin: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Disability: \_\_\_\_\_

4. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

5. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_

Telephone No :(\_\_\_\_) \_\_\_\_\_

6. If you have an attorney representing you concerning the matters rose in this complaint, please provide the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Zip \_\_\_\_\_

7. \* What date(s) did the situation or the undue burden take place?

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

8. \* Please explain the situation by clearly stating what happened, why you believe it happened, and how the situation has created an adverse or negative impacts for the person(s) filing this complaint. Indicate who was involved. Be sure to include how other persons or groups were treated differently from you or your group. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

\_\_\_\_\_  
\_\_\_\_\_

9. The laws we enforce prohibit recipients of City Utilities funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in the above example, please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any other information that you think is relevant to our investigation of your allegations? Please use additional sheets if necessary or attach a copy of written materials.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What resolution are you seeking for this particular situation?

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13. Have you (or the person(s) that was caused undue burden or experienced negative impacts) filed the same or any other complaints with other agencies such as the Greene County Office of Human Rights, Federal Bureau of Investigation, etc.?

Yes \_\_\_\_ No \_\_\_\_

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Date of Filing: \_\_\_\_\_ Agency: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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14. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

\_\_\_\_\_ Federal or State Court

\_\_\_\_\_ Your State Equal Opportunity Office and/or local Office of Human Rights

15. If you have already filed a charge or complaint with an agency indicated in #14, above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_

Date filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Comments:

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16. \* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

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(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

Please mail the completed, signed Discrimination Complaint Form (please make one copy for your records) to:

**City Utilities of Springfield**  
**Director of Transit**  
**1505 N. Boonville Ave.**  
**Springfield, MO 65803**  
**417-831-8784 (phone)**  
**417-831-8803 (fax)**