



Appendix 4: Title VI Complaint Form

Section 601 of Title VI of the Civil Rights Act of 1964 states that “[n]o 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, please provide the following information in order to assist Greyhound in processing your complaint.**

If information is needed in another language, contact 214-849-8000. Si se necesita información en otro idioma, llame al 214-849-8000.

SECTION 1 (Please print clearly):

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____ (Home) _____ (Work)
Accessible format requirements? ____ (Large print) ____ (Audiotape) ____ (TDD) ____ (Other)

SECTION 2

Are you filing this complaint on your own behalf? ____ (Yes) ____ (No) If you answered yes to this question, go to Section 3.
If not, please supply the name and relationship of the person for whom you are complaining:
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 the third party. ____ (Yes) ____ (No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):
____ Race ____ Color ____ National Origin
Date and Place of Occurrence: _____

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

The action or decision which caused me to believe I was discriminated against is as follows:
(Please include a description of what happened and how your benefits were denied, delayed, or affected):



Please list any and all witnesses' names and phone numbers

What type of corrective action would you like to see taken?

SECTION 4

Have you previously filed a Title VI complaint with Greyhound? _____(Yes) _____(No)

SECTION 5

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 Number: _____

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

I believe the above information is true and correct to the best of my knowledge. Signature and date required below:

Signature

Printed Name

Date

Please submit this form in person at the address below or mail this form to:

Greyhound Lines, Inc.
ATTN: Title VI Coordinator
P. O. Box 660362
Dallas, TX 75266-0362