

Exhibit B: Title VI Complaint Form

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 provides 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.” (42USC2000d) If you feel you have been discriminated against in transit services associated with MCRide, please provide the following information in order to assist us in processing your complaint and send it to:

Pace Suburban Bus
Attn: Title VI Liaison
550 West Algonquin Road
Arlington Heights, Illinois 60005
847-228-2306

OR

McHenry County Division of Transportation
Attn: Transportation Planner
16111 Nelson Road
Woodstock, IL 60098
815-334-4960

Please print clearly or type:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Person allegedly discriminated against: _____

Address of person allegedly discriminated against: _____

City, State, Zip code of person allegedly discriminated against: _____

Please check off why you believe discrimination occurred (check all that apply):

Race or color

National origin

Income

Other (explain): _____

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw them:

Please list any and all known witnesses' names and contact information:

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

Please attach any documents you have which support the allegation, then sign and date this form and send to the person listed on the first page of this form.

Your Signature

Print Your Name

By checking this box, I confirm this serves as my electronic signature

Date

Title VI Complaint Response – For Investigating Staff Use Only

Please use this space to document the response to the above complaint. Send the response to the service recipient within ten (10) working days.

Please describe the response and any corrective actions taken.

Printed Name & Title of Investigating Staff Member

Date

Signature

By checking this box, I confirm this serves as my electronic signature