



Transportation Department

TRANSIT DIVISION / Administration

1 N. University Drive, Suite 3100A • Plantation, Florida 33324 • 954-357-8300 • FAX 954-357-8305

LANGUAGE TRANSLATION SERVICE AVAILABLE

NOTE: If you require this Title VI Complaint Form to be translated into another language, please log onto www.broward.org/bct. Click on either “Microsoft Translator” or “Google Translate” at the top right corner of the web page and select the appropriate language for your translation.

SERVICIO DE TRADUCCIÓN LENGUA DISPONIBLE

NOTA: Si usted require de este Formulario de Queja del Título VI de ser traducido a otro idioma, por favor haga clic en cualquiera de “Microsoft Translator” o “Google Translate” en la esquina superior derecha de esta página web y seleccionar el idioma.

LANG TRADIKSYON SÈVIS KI DISPONIB

REMAK: Si w mande pou s a Tit VI Fòm Plent dwe tradui nan yon lòt lang, tanpri klike sou swa “Tradiktè Microsoft” oswa “Google Translate” nan kwen paj sa a web tèt dwat epi chwazi lang ki apwopriye a pou tradiksyon ou.

**Broward County Board of County Commissioners
Transportation Department**

COMPLAINT OF ADA and TITLE VI DISCRIMINATION

The Broward County Transit Division, as a recipient of federal financial assistance, is required to ensure that its transit service and related benefits are distributed in a manner consistent with Title VI of the Civil Rights Acts of 1964, as amended.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, or national origin, may file a written complaint with the Broward County Transit Division.

We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please contact us at **(954) 357-8481** or TTY: **(954) 357-8302**.

NOTE: Alternate means of filing complaint, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

1. Complainant Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____

2. Person you believe discriminated against you (if known):
Name: _____

3. Location of incident: _____

4. Are you represented by an attorney for this complaint?
Yes _____ No _____

If yes, please complete the following:

Attorney's Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____

5. Which of the following best describes the reason you believe the discrimination took place? Please circle.

Race	Color	National Origin	Sex	Income Status	Age
Disability	Retaliation	Sexual Orientation	Political Affiliation	Marital Status	

6. Date(s) of the alleged discrimination: _____

