Rolling Plains Management Corporation SHARP Lines Rural Public Transportation Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Email Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	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 Yes No					
aggrieved party if you are filing on behalf of a third party.			1.00		
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race [] Color [] National Origin					
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.					
Section IV					
Have you previously filed a Title VI complaint with this ag		gency?	Yes	No	

Section V			
Have you filed this comple court?	aint with any other Federal, State, or local agency, or with any Federal or State		
[] Yes	[] No		
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court	[] State Agency		
[] State Court	[] Local Agency		
Please provide information	n 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 writte	n materials or other information that you think is relevant to your complaint.		
Signature and date require	ed below		
Signature	Date		
If information is needed in another language, then contact 800-633-0852.			

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

Rolling Plains Management Corporation 119 N. First, P. O. Box 490 Crowell, Texas 79227