

# Bay County Public Transit System

## Title VI Complaint Form

The Bay County Public Transit System is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its transit program, policy or activity on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended. If you believe you have been subjected to discrimination under Title VI, you may file a written complaint with the Bay County Public Transit System.

Please provide the following information in order to process your complaint. Assistance is available upon request. The completed form must be returned to:

Bay County Public Transit System  
919 Massalina Drive Panama City, Florida 32401  
Attn: Gene Keen, Title VI Coordinator  
Telephone (850) 215-7083  
Or email [Geeen.Keen@firstgroup.com](mailto:Geeen.Keen@firstgroup.com).

<b>Section I:</b>		
Complainant(s) Name:		
Address:		
Telephone (Home):	Telephone (Work):	Email Address:
<b>Section II:</b>		
Complainant(s) Representative's Name:		
Relationship (e.g. friend, attorney, parent, etc.):		
Address:		
Telephone (Home):	Telephone (Work):	Email Address:
<b>Section III:</b>		
What was the discrimination based on? (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin

Date of Incident:	Time of Incident
Location where incident occurred:	
Name of person who allegedly subjected you to Title VI discrimination:	
<b>Section IV</b>	
Did anyone else witness the incident? (If yes list witnesses)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Witness Name:	
Address:	
Telephone (Home):	
<b>Section V</b>	
Have you filed this complaint with any Federal, State, or Local agency/court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal <input type="checkbox"/> Federal Court <input type="checkbox"/> State <input type="checkbox"/> State Court <input type="checkbox"/> Local <input type="checkbox"/> Local Court	
Please provide the name of the Agency/Court where the complaint was filed.	
Name:	Title:
Agency:	Telephone:

I hereby swear/affirm that the information that I have provided regarding this Title VI Complaint is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Complainant/Representatives Signature:

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