

**Return this application to:**

BJCTA
 Attention: Compliance Officer, Title VI Officer
 P.O. Box 10212
 Birmingham, Alabama 35202
Email: pgood@bjcta.org
Phone: (205) 521-0117

Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 states that, "No person in the United States shall on the basis of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subject to discrimination in any program, service, or activity receiving federal financial assistance." This form may be used to file a complaint with the Birmingham Jefferson County Transit Authority (BJCTA) for alleged violations of Title VI of the Civil Rights Act of 1964.

If you need assistance completing this form, please contact the Title VI Officer by phone at (205) 521-0125. Only the complainant or the complainant's designated representative should complete this form.

Complainant Information					
Today's Date:					
First Name		Last		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Alternate Phone					
Individual discriminated against if different from above (use additional page (s) if necessary):					
First		Last			
Street Address				Apartment/Unit #	
City		State		Zip	
Phone		Fax		Alternate Phone	
Please explain your relationship to the individual indicated above					
Agency and Department Name					
Name of Individual Who Allegedly Discriminated (if known)					
Street Address				Apartment/Unit #	
City		State		Zip	
Phone		Fax		Alternate Phone	
Date (s) of alleged discrimination begin				Last of most recent date of discrimination	
Alleged Discrimination					

Alleged discrimination: Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 day period, you have 60 days after you became aware to file your complaint.

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken. (Check all that apply)

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled Race or Color and write African American in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled sex and write female in the space provided.

☐ Race:	☐ Sex:	☐ Disability:
☐ Color:	☐ Religion:	☐ Income:
☐ National origin:	☐ Age:	☐ Retaliation:

Explain:

Please explain as clearly as possible what happened. Provide the name (s) of witness (es) and others involved in the alleged discrimination. (You may scan or mail in additional sheets if necessary pertaining to your case.)

What happened?

Printed Name:

Signature/Date:

Note: The laws enforced by this agency prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

BJCTA

Attention: Phyllis Goode, Compliance Officer

P.O. Box 10212

Birmingham, Alabama 35202

Phone: (205) 205-521-0117

Or Email: pgood@bjcta.org