



Rhode Island Public Transit Authority

Title VI Complaint Form

RIPTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil rights Act of 1964, as amended. **Title VI complaints must be filed within 180 days from the date of the alleged discrimination.**

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Customer Service by calling (401) 781-9400. The completed form must be returned to RIPTA via e-mail: jwilliford@ripta.com OR mail to:
705 Elmwood Avenue, Providence, RI 02907, ATTN: Legal Compliance Counsel.

Your Name:	Phone:	Alt. Phone:
Street Address:	City, State, Zip Code:	
Person(s) discriminated against (if someone other than complainant):		
Name(s):		
Street Address, City, State & Zip Code:		

Which of the following best describes the reason for the alleged discrimination that took place? (Select one)

Date of incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide names and titles of all RIPTA employees involved if available. Please provide as much detail as possible: route number, date and time of day, bus number, names and contact information for witnesses. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

RIPTA Title VI Complaint Form

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If so, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____

Phone: _____

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____

Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature Date

Print or Type Name of Complainant

Date Received: _____
Received By: _____

