Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transportation services, please provide the following information in order to assist us in processing your complaint and send it to:

Gary Luft  
Director of Health and Human Services  
Heart of Texas Council of Governments/Rural Transit District  
1514 S. New Road  
Waco, Texas 76711

Please print clearly:

Name:  
Address:  
City, State, Zip Code:  
Telephone Number: Home:  Cell:  
Message:  
E-Mail:  
Person discriminated against:  
Address of person discriminated against:  
City, State, Zip Code:  

Please indicate why you believe the discrimination occurred:

☐ Race or Color  
☐ National Origin  
☐ Income  
☐ Other  Please identify:  

What was the date of the alleged discrimination?  

Please note that allegations which occurred more than 180 days in the past are beyond the statute of limitations for investigation.
Where did the alleged discrimination take place?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please describe the circumstances as you saw it:

__________________________________________________________________________________

__________________________________________________________________________________

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Please list any and all witnesses' names and address and/or phone numbers:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
What type of corrective action would you like to see taken?

________________________________________________________________________

________________________________________________________________________

Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

☐ Yes    ☐ No

If yes, please check all that apply:

☐ Federal Agency    ☐ State Agency    ☐ Local Agency

☐ Federal Court    ☐ State Court

Please provide information about a contact person at the agency and/or court where the complaint was filed. If the complaint has been filed with multiple agencies / courts, please identify contact on additional sheets.

Name: _____________________________________________________________

Agency or Court: _____________________________________________________

Address: ___________________________________________________________

City, State, Zip Code: __________________________________________________

Phone: _____________________________________________________________

E-mail: _____________________________________________________________

Please attach any documents you have which support the allegation. Then date and sign the form and mail it to:

Gary Luft
Director of Health and Human Services
Heart of Texas Council of Governments / Rural Transit District
1514 S. New Road
Waco, Texas 76711

Within 7 days of receipt of the complaint the Heart of Texas Council of Governments / Rural Transit District will notify you acknowledging receipt and that we have initiated an investigation. Every effort will be made to complete our investigation and to notify you of the results within 60 days of receipt, if not sooner. Should additional time or information be required to complete the investigation, the staff will contact you within 60 days upon receipt of the complaint.

Your Signature

Print Your Name

Date