100 1st St. SW
Albuquerque, NM 87102
505-724-3100
abqrideTitleVI@cabq.gov

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act *requires that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact us.

Complete, sign, and return this form to ABQ RIDE's Title VI Coordinator at the address above by mail, in person, or scanned and emailed.

1. Complainant's Name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Telephone Number: _____
5. Email Address: _____
6. Person discriminated against (if someone other than the complainant):

   Name: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

   Relationship to you: _____

   Reason why you have filed for someone else: _____

   If you are filing on someone else's behalf, please confirm that you have obtained that person's permission: Yes ☐ No ☐

7. Which of the following best describes the reason you believe the discrimination took place?

   a. Race ☐ b. Color ☐ e. National Origin ☐

8. What date did the alleged discrimination take place? _____

9. Describe the alleged discrimination as clearly as possible. Explain what happened, why you believe you were discriminated against, and who you believe was responsible (if known). Please include names and contact information for any witnesses. If more space is needed, please attach additional pages.

   _____

   _____

   _____

   _____

10. Have you filed this complaint with any other federal, state or local agency or with any federal or state court? Yes ☐ No ☐

    If yes, check each box that applies:

    Federal agency ☐ Federal court ☐ State agency ☐

    State court ☐ Local agency ☐

    Please provide information about a contact person at the agency/court where the complaint was filed.

    Name: _____

    Address: _____

    City: _____ State: _____ Zip Code: _____

    Telephone Number: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

    _____ _____

    Complainant Signature Date