



Title VI Complaint Form — Metro Transit

The City of Madison and Metro Transit assure that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

Furthermore, Madison General Ordinance (M.G.O.) Sec. 39.02(8) mandates the execution of this operational requirement. The City of Madison and Metro Transit further assure every effort will be made to ensure nondiscrimination in all of its federally funded program activities.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin may file a complaint with Metro Transit or with the City of Madison Department of Civil Rights.

Complaints can be filed by calling Metro’s customer service center at (608) 266-4466 or the City of Madison Department of Civil Rights at (608) 266-4910.

Complaints can be emailed to Metro Transit at mymetrobus@cityofmadison.com or the City of Madison Department of Civil Rights at dcr@cityofmadison.com.

You can also complete the complaint form below. Mail completed forms to:
Metro Transit, Attn: Title VI Complaint, 1245 E. Washington Ave., Madison, WI 53703.

Your Name:	Phone:
	Additional Phone:
Your Street Address: City, State, Zip	
Person(s) discriminated against (if other than complainant): List all names:	
Street Address, City, State, Zip:	

Which of the following best describes the reason the alleged discrimination took place? *(Circle one):*

- Race
 Color
 National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all Metro Transit employees involved if available. Explain what happened and whom you believe was responsible.

Please use the back of this form if additional space is required.
