

CITY OF SHAWNEE, KANSAS

CityRide Complaint Form

The purpose of this form is to assist you to file a complaint with the City of Shawnee CityRide Program. You are not required to use this form. A letter that contains the same information, and is signed and dated by you, will be sufficient.

SECTION 1

Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Email Adress: _____

Accessible Format Requirements? Large Print: ____ Audio Tape: ____ TDD: ____ Other: _____

SECTION 2

Are you filing this complaint on your own behalf? ____ Yes ____ No

If you answered "Yes" to this question, go to SECTION 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party. _____

Confirm you obtained the permission of the aggrieved if you are filing on behalf of a third party.

____ Yes ____ No

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):

____ Race ____ Color ____ National Origin

Date of the alleged discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved in as much detail as possible. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If you need more space, please attached additional pages.

SECTION 4

Have you previously filed a Title VI complaint with this agency? ____ Yes ____ No

SECTION 5

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 all that apply:

Federal Agency: _____ Federal Court: _____

State Agency: _____ State Court: _____

Local Agency: _____

Please provide contact information (name/phone/address/email) of the agency/court where the complaint was filed.

Name: _____

Title: _____

Program: _____

Address: _____

Telephone: _____

Email Address: _____

SECTION 6

Name of Agency complaint is against: _____

Contact Person: _____ Title: _____

Telephone: _____ Email Address: _____

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

SECTION 7

Please sign here: _____ Date: _____

NOTE – WE CANNOT ACCEPT YOUR COMPLAINT WITHOUT A SIGNATURE

Please submit this form in person or mail your completed form to:

City of Shawnee
City Clerk
11110 Johnson Drive
Shawnee, KS 66203