

Title VI Complaint Form

Kansas City Area Transportation Authority (KCATA)

KCATA 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 KCATA Civil Rights Office, 1200 E. 18th Street, Kansas City, MO 64108. Phone: (816) 346-0277. Email: civilrightsoffice@kcata.org.

Your Name:	Phone:	
Street Address:	Alt. Phone:	
	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? (Circle one)	Date of Incident:	
RaceColor		
National Origin (Limited English Proficiency)		
Please describe the alleged discrimination incident. Provide the names and titles of all RideKC employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.		

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Please describe the alleged discrimination incident (continued)		
Have you filed a Title VI complaint with any other federal, state or local agencies? (Circle one) Yes / No		
If so, list agency / agencies and c	ontact information below:	
Agency:	(Contact Name:
Agency: Street Address, City, State & Zip		
	Code: F	Contact Name:
Street Address, City, State & Zip	Code: F	Contact Name: Phone:
Street Address, City, State & Zip Agency: Street Address, City, State & Zip	Code: F	Contact Name: Contact Name: Contact Name: Phone:
Street Address, City, State & Zip Agency:	Code: F	Contact Name: Phone: Contact Name:
Street Address, City, State & Zip Agency: Street Address, City, State & Zip	Code: F	Contact Name: Contact Name: Contact Name: Contact Name: Contact Name:
Street Address, City, State & Zip Agency: Street Address, City, State & Zip	Code: F Code: F Print or Type Name KCATA USE	Contact Name: Phone: Contact Name: Phone: Oate: of Complainant