

Title VI Complaint Form

Any person who believes that he or she has been discriminated against by Aster Aging, Inc. ("Aster") or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Aster.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. For more information contact us at 480-964-9014 (TTY: 711) or via email at HR@asteraz.org.

SECTION 1: CUSTOMER INFORMATION

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Preferred method of contact: ☐ Phone ☐ Email

SECTION 2: INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM City: _____
Incident Location: _____ Direction of Travel: _____
Route #: _____ Bus/Light Rail/Streetcar #: _____
Service Type: ☐ Local Bus ☐ Express/RAPID ☐ Circulator/Connector ☐ Light Rail ☐ Streetcar ☐ Dial-a-Ride
Operator Name: _____
Operator Description: _____
What was the discrimination based on (*Check all that apply*): ☐ Race ☐ Color ☐ National Origin ☐ Other _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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 more space is needed, please use the back of this form. You may also attach any written materials or other information relevant to your complaint.

Have you filed this complaint with the Federal Transit Administration (FTA)? ☐ Yes ☐ No

If yes, please provide information about a contact person at the FTA where the complaint was filed:

Name: _____ Title: _____
Address: _____ Phone: _____

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

Signature and date required below:

Signature _____
Date _____