B.G. Transit Complaint Form and Title VI Complaint Form (on page 2)

B.G. Transit General Complaint Form

Passenger name: ___________________________  Phone number: ___________________________
Passenger address: ___________________________  Date: ___________________________

Name and/or description of B.G. Transit employee: ___________________________________________
Date of incident: ___________________________

Please write a narrative of the events that took place. Be sure to use as much detail as possible including location, date, time of day, and nature of the event. Attach an additional sheet if necessary. You must sign at the end of the complaint.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________

Complainant’s Signature ________________________________________________________________

You may fax this form to (419) 353-4763. You may also hand deliver it or mail it to:
City of Bowling Green
Grants Administration Office
304 N. Church St., Bowling Green, OH 43402
B.G Transit Complaint Form (including Title VI Complaints), cont’d

Title VI Complaint Form

<table>
<thead>
<tr>
<th>Section I:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Accessible Format Requirements?:</td>
</tr>
<tr>
<td>Large Print</td>
</tr>
<tr>
<td>TDD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you filing this complaint on your own behalf?</td>
</tr>
<tr>
<td>*If you answered “yes” to this question, go to Section III.</td>
</tr>
<tr>
<td>If not, please supply the name and relationship of the person for whom you are complaining:</td>
</tr>
<tr>
<td>Please explain why you have filed for a third party:</td>
</tr>
<tr>
<td>Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section III:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the discrimination I experienced was based on (check all that apply):</td>
</tr>
<tr>
<td>[ ] Race</td>
</tr>
<tr>
<td>Date of Alleged Discrimination (Month, Day, Year):</td>
</tr>
<tr>
<td>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 the next page.</td>
</tr>
</tbody>
</table>

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____________________________________________________________________________

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Section IV
Have you previously filed a Title VI complaint with this agency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Section V
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 information about a contact person at the agency/court where the complaint was filed.

Name:______________
Title:
Agency:
Address:
Telephone:

Section VI

Name of agency complaint is against:
Contact person:
Title:
Telephone number:

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

Signature and date required below.

__________________________  ______________________
Signature                  Date

Please submit this form in person at the address below, or mail this form to:

Tina Bradley, Title VI Coordinator
304 N. Church Street
Bowling Green, OH  43402