



## TITLE VI/CIVIL RIGHTS POLICY STATEMENT

VIA Metropolitan Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of or subject to discrimination in the receipt of its services or programs on the basis of race, color or national origin (limited English proficiency) as protected by Title VI of the Civil Rights Acts of 1964, as amended. In addition, VIA prohibits discrimination based on sex, age and disability.

Any person who believes that he or she has been subjected to discrimination under Title VI or other protected civil rights may file a complaint with VIA Metropolitan Transit within 180 days from the date of the alleged discrimination.

To request additional information about VIA's nondiscrimination obligations or to file a Title VI/Civil Rights complaint, written request must be sent to:

VIA Metropolitan Transit  
Martha P Flores, EEO Officer  
800 West Myrtle, Suite 102  
San Antonio, TX 78212

Complaints may also be sent via email to: [martha.flores@viainfo.net](mailto:martha.flores@viainfo.net).

Download a copy of the Title VI/Civil Rights Complaint Form in the following languages:

- English (below)
- [Spanish](#)
- [Korean](#)
- [Tagalog](#)
- [Vietnamese](#)
- [Arabic](#)
- [Chinese](#)

A copy of the Title VI Complaint Form may also be obtained by calling the EEO Office at (210) 362-2075.

VIA will provide appropriate no cost assistance to complainants who are limited in their ability to communicate in English. If information is needed in another language, then please contact (210) 362-2075.



## TITLE VI/CIVIL RIGHTS COMPLAINT FORM

VIA Metropolitan Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of or subject to discrimination in the receipt of its services or programs on the basis of race, color or national origin (limited English proficiency) as protected by Title VI of the Civil Rights Acts of 1964, as amended. In addition, VIA prohibits discrimination based on sex, age and disability. 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 the EEO Office by calling 210-362-2075 or by email at [martha.flores@viainfo.net](mailto:martha.flores@viainfo.net).

Please complete, sign and return this form to:

VIA Metropolitan Transit  
Martha Flores, EEO Officer  
800 West Myrtle, Suite 102  
San Antonio, TX 78212

<b>Section I</b>	
Name:	
Address, City, State & Zip Code:	
Telephone (Home):	Telephone (Work):
Email Address:	
<b>Section II</b>	
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Address, City, State & Zip Code:	
<b>Section III</b>	
I believe the discrimination I experienced was based on (check all that apply)	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (limited English proficiency) <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Age	
Date of Alleged Discrimination (Month, Day, Year): _____	

Explain as clearly as possible what happened and why you believe you were discriminated against. Provide the names and titles of all VIA employees and/or VIA services or programs involved. Explain what happened, whom you believe was responsible, and other specific, relevant information. Please attach extra sheets if additional space is required. Additionally, please attach any written material or other information that you think is relevant to your complaint.

**Section IV**

Have you previously filed a discrimination complaint with this agency?  Yes  No  
*If you answered yes, please provide the date you filed the complaint, a summary of the allegations of discrimination contained in your complaint and the disposition or resolution.*

**Section V**

Have you filed this complaint with any other Federal, State, local agency or any Federal or State Court?

Yes  No

If yes, check all that apply and name the agency or court

Federal Agency \_\_\_\_\_  State Agency \_\_\_\_\_

Federal Court \_\_\_\_\_  Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Telephone:

I affirm that I have read the above charge and it is true to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Complainant

*EEO OFFICE USE ONLY:*

Date VIA Received: \_\_\_\_\_ Received By: \_\_\_\_\_