



TITLE VI 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 as protected by Title VI of the Civil Rights Acts of 1964, as amended.

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 [claudia.degonzalez@viainfo.net](mailto:claudia.degonzalez@viainfo.net).

Please complete, sign, and return this form to:

VIA Metropolitan Transit  
Claudia de Gonzalez, EEO Officer  
800 West Myrtle, Suite 200  
San Antonio, TX 78212

Section I	
Name:	
Address, City, State & Zip Code:	
Telephone (Home):	Telephone (Work):
Email Address:	
Section II	
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Address, City, State & Zip Code:	
Section III	
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	
Date of Alleged Discrimination (Month, Day, Year): _____	

The complaint must include a narrative description of the allegation(s) in sufficient detail to enable the EEO Officer to understand what occurred, when it occurred and the basis of the alleged discrimination complaint (e.g., race, color, national origin). Provide the names and the titles of all VIA employees and/or VIA services or programs involved. The complaint must include all contact information for the complainant including name, address, and telephone number, as well as all contact information for all witnesses or individuals with relevant knowledge. The complaint must be signed and dated by the complainant or their representative. 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:

