



COMPLAINT FORM

Any person who believes they have been subjected to discrimination may file a written complaint with the NBTD office. Federal and State law requires complaints be filed within one-hundred eighty (180) days of the last alleged incident. The agency will notify their Public Transportation Coordinator (PTC) by e-mail or fax of any Title VI related complaints received, within 10 working days of the receipt of the complaint, including a paper or electronic copy of the complaint form.

A complaint may be submitted in writing. The form may be obtained from our local office, website, or from the transit drivers.

Office:

New Braunfels Title VI Coordinator
550 Landa Street
New Braunfels, TX 78130

Website:

www.newbraunfels.gov

The form must have the following:

- A. Name, address, and telephone number of the complainant.
- B. Names of person(s) who allegedly discriminated against you, if known.
- C. Date(s) of alleged discrimination.
- D. Location of alleged incident.
- E. Type of alleged discrimination.
- F. Explain what happened and how you believe you were discriminated against.
- G. Name, address, and telephone number of person(s) who may have knowledge of the event.
- H. What other information do you have that you believe is relevant to this investigation.
- I. Have you filed a complaint with NBTD before? If so, include when, where, and how.
- J. Complainant's signature and date.

Complaint may be e-mailed to titlevicoordinator@newbraunfels.gov or mail to the address shown above.

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The following information is necessary to assist in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Coordinator.

Complete and return this form to:

New Braunfels Title VI Coordinator

550 Landa Street

New Braunfels, TX 78130

titlevicoordinator@newbraunfels.gov

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Person discriminated against (if other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Which of the following best describes the reason you believe the discrimination took place:

Race: Yes _____ No _____

Color: Yes _____ No _____

National Origin: Yes _____ No _____

What date and time did the alleged discrimination take place:

Date of incident: _____ Time: _____

Explain, as clearly as possible, what happened and how you were discriminated against. Indicate who was involved. Be sure to include names and contact information of any witnesses (please use the back of the form for additional space if needed).

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

Yes _____ No _____

If so, list agency/agencies and contact information below:

A. Agency _____ Contact Name _____

Address _____ City/State/Zip _____

B. Agency _____ Contact Name _____

Address _____ City/State/Zip _____

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

Complainant (print): _____

Complainant (signature): _____

Date: _____

Received by (NBTD personnel or CoNB personnel): _____

Date: _____