

MURRAY COUNTY TRANSIT SYSTEM Title VI Complaint Form

TITLE VI PROGRAM AND RELATED STATUTES DISCRIMINATION COMPLAINT AGAINST MURRAY COUNTY		
Name:	Telephone (home):	Telephone (work):
Address:		City, State, Zip Code:
Name of MURRAY COUNTY Staff Person that You Believe Discriminated Against You:		
Address:		City, State, Zip Code:
Date of Alleged Incident:		
You were discriminated against because of:		
Race	Retaliation	Sex
Color	National Origin (Language)	Age
		Disability
		Religion
		Other
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.		
Signature:		Date:

