TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Valley Metro or City of Phoenix or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 602.253.5000 (TTY: 602.251.2039) or via email at *csr@valleymetro.org*.

First Nome	IER INFORMATION		
riist Name:		Last Name:	
City:		State:	Zip:
			·
			ethod of contact: 🗌 Phone 🗌 Ema
SECTION 2: INCIDEN	IT INFORMATION		
Date of Incident:	Time of Incident:	AM PM City	/:
			Travel:
Route #:	Bus/Light Rail/Streetcar #:		
Service Type: 🗌 Local B		irculator/Connector 🗆 Ligh	t Rail 🛛 Streetcar 🗌 Dial-a-Ride
Operator Description:			
		apply): 🗆 Race 🗆 Color 🛛	□ National Origin □ Other
you (if known), as well as	names and contact information	ation of any witnesses. If m	erson(s) who discriminated agains hore space is needed, please use ation relevant to your complaint.
If yes, please provide info	aint with the Federal Transi prmation about a contact pe	rson at the FTA where the	
If yes, please provide info		rson at the FTA where the Title:	

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