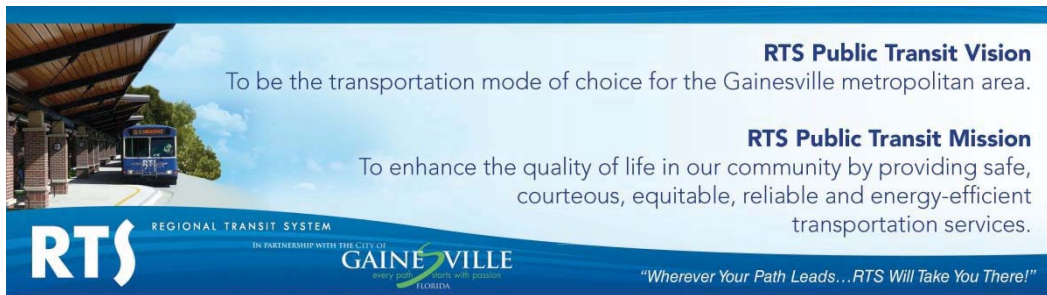


Title VI Notice to Public - English Version



1 Gainesville Regional Transit System (RTS) Title VI Notice to the Public

RTS operates its transit services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964, as amended.

2 RTS Title VI Statement

Title VI of the Civil Rights Act of 1964 states:

"No person in the United States shall, on the grounds 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."

RTS is committed to complying with the requirements of Title VI in all of its federally funded programs and activities.

3 Requesting Additional Information and/or Making a Title VI Complaint

Any person who believes that he or she or any specific class of persons has been subjected to discrimination that is prohibited by Title VI of the Civil Rights Act of 1964, its amendments and related statutes, by the Gainesville Regional Transit System (RTS) in its role of planning and programming of federal funds, may submit a written complaint. Any such complaint must be in writing and filed with the Office of Equal Opportunity within 180 days following the date of the alleged discriminatory occurrence. For more information on RTS's civil rights program, and obtaining Title VI Discrimination Complaint Forms from the Office of Equal Opportunity, use any of the following methods provided below:

- **Mailing Address**

Send a letter to the Office of Equal Opportunity to request a Title VI Complaint Form:

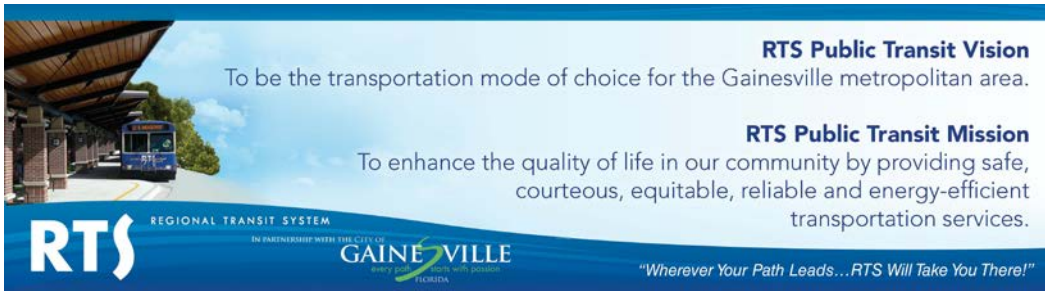
City of Gainesville, Office of Equal Opportunity
PO Box 490, Mail Station 52
Gainesville, FL 32627

- **Telephone**

Contact the Office of Equal Opportunity by phone to request a Title VI Complaint Form: (352) 334-5051

- **Email:**

Send an email to the Office of Equal Opportunity to request a Title VI Complaint Form:
equalopportunity@cityofgainesville.org



Title VI Complaint Form

RTS is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Office of Equal Opportunity by calling (352) 334-5051. Complete and return this form to the City of Gainesville Office of Equal Opportunity: 222 E. University Avenue, Gainesville, FL 32602.

1. Complainant's Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race _____

b. Color _____

b. National Origin (Limited English Proficiency) _____

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is

required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

_____ Federal agency _____ Federal court _____ State agency _____ State court

_____ Local agency

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

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____

Received By: _____