



TOPEKA METRO

Comment / Complaint Form

The following information is necessary to assist us in processing your comment or complaint.

Today's Date: _____

Type of Service Involved:

Name: _____

Fixed Route

Address: _____

Lift

Phone Number(s): _____

Cab / Contractor

E-Mail Address: _____

Customer Service

Other: _____

Date of Incident: _____

Time of Incident: _____

Route # and Bus #: _____

Location of Incident: _____

Title VI Notice: Topeka Metro is committed to ensuring that no person is excluded from participating 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.

Does your complaint allege discrimination based on any of the following? _____ If so, which?

Race

Color

National Origin

Please describe the alleged incident. Provide names of all Metro employees involved, if available. Explain what happened and who you believe was responsible.

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

Signature

Date

Print or Type Name

Please mail, fax or e-mail the completed form to Topeka Metro:

US Mail: 820 SE Quincy Street
Topeka, KS 66612

Fax: (785) 354-8476
E-Mail: info@topekametro.org

For Internal Use Only - Do not Mark			
Resolution:			
CSS	_____	_____	<i>resolved</i>
Supervisor	_____	_____	<i>resolved</i>
Chief of Ops	_____	_____	<i>resolved</i>
Ex Director	_____	_____	<i>resolved</i>
H/R <i>(if needed)</i>	_____	_____	<i>resolved</i>