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
For Internal Use Only - Do not Mark
Resolution:

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<thead>
<tr>
<th>CSS</th>
<th>______</th>
<th>______</th>
<th>resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>______</td>
<td>______</td>
<td>resolved</td>
</tr>
<tr>
<td>Chief of Ops</td>
<td>______</td>
<td>______</td>
<td>resolved</td>
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<tr>
<td>Ex Director</td>
<td>______</td>
<td>______</td>
<td>resolved</td>
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<tr>
<td>H/R (if needed)</td>
<td>______</td>
<td>______</td>
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