



PBMPO Civil Rights Complaint Form

Name:..... Address:_____

Telephone Numbers:

(Home)_____ (Work)_____ Electronic _____ Mail _____

Address:..... Are you filing this complaint on your own behalf?

Yes -- No --

If not, please supply the name and relationship of the person for whom you are complaining: _____

Please explain why you have filed for a third party.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. *[written correspondence required]*

Yes -- No --

Have you previously filed a Title VI complaint with PBMPO? Yes_____ No_ If yes, what was your PBMPO Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following

agencies? Transit Provider _____ Department of
Transportation _____

Department of Justice _____ Equal Employment Opportunity Commission _____

Other Have you filed a lawsuit
regarding this complaint? Yes _____ No

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Name of individual, group, entity complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Please sign here: _____ Date:

[Note - We cannot accept your complaint without a signature and date.]

Please mail your completed form to: Title VI Program Coordinator, 9601 Wright Dr. Suite 1, Midland, TX 79706