City of Birmingham - Birmingham Xpress BRT Project

Civil Rights Complaint Form

Important: We cannot accept your complaint without a signature. Sign on the last page of the form.

Section I I believe that I have been (or someone else has been) discriminated against on the basis of: ☐ Race / Color / National Origin ☐ Disability ☐ Not Applicable ☐ Other (specify) I believe that a public transit provider has failed to comply with the following program requirements: ☐ Disadvantaged Business Enterprise ☐ External Equal Employment Opportunity ☐ Not Applicable ☐ Other (specify) Section II Street Address: _____ City: ______ State: _____ Zip Code: _____ Telephone Numbers: Home: _____

Cell:
Email Address:
Accessible format requirements:
Large Print □
Not Applicable □
Other
Section III
Are you filing this complaint on your own behalf?
Yes □ No □
[If you answered "yes" to this question, go to Section IV.]
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:
Yes □ No □

Section IV		
Have you previously filed a c	civil rights complaint with FTA? Yes \square No \square	
If yes, what was your FTA Complaint Number:		
Have you filed this complain	t with any of the following agencies?	
Transit Provider \square	Department of Transportation \square	
Department of Justice \Box	Equal Employment Opportunity Commission \square	
Other \square		
If yes, please attach a copy of	of any response you received to your previous complaint.	
Have you filed a lawsuit rega	arding this complaint? Yes \square No \square	
If yes, please provide the cas	se number and attach any related material.	
Note: FTA encourages, but of	loes not require, riders to first file complaints with their local transit	
agencies to give them an op	portunity to resolve the issue.	
Section V		
Name of public transit provi	der complaint is against:	
Contact Person:		
Title:		
Telephone:		

Section VI

May we release your identity and a copy of your complaint to the transit provider?
Yes □ No □
Note: We may be unable to investigate your allegations without permission to release your identity and complaint.
Please sign here:
Date:
Note: We cannot accept your complaint without a signature.
Please mail your completed form to:
Department of Capital Projects
Birmingham City Hall
710 20 th St North
Room 220/2 nd Floor
Birmingham, Al 35214

You can email your completed form at capitalprojects@birminghamal.gov as well.

If you have any questions, comments or concerns on how to prepare a complaint of fill out the form you can contact our office at (205)254-2634. For more information visit our website at www.birminghamal.gov/brt.