



Title VI Complaint Form

If you feel you've been discriminated against, please print this form to submit your complaint to:

Customer Service Department
ACCESS Transportation Systems
650 Smithfield Street, 4th Floor
Pittsburgh, PA 15222-2527

Section I: Personal Information

*First Name: _____

*Last Name: _____

*Address1: _____

Address2: _____

*City: _____ *State: _____ *Zip: _____

Telephone (Home): _____ Telephone (Cell): _____

Email: _____

Section II: Discrimination Complaint Type (circle one)

Race

Color

National Origin

*Date of Incident: _____

*Time of Incident: _____

Location of Discrimination:

***Explain as clearly as possible what happened and why you believe you were discriminated against.**

