



Chicago Transit Authority
 567 West Lake Street
 Chicago, Illinois 60661

FOR OFFICE USE ONLY
Case # _____

Title VI Complaint Form

The Chicago Transit Authority (“CTA”) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in CTA’s programs or activities on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (“Title VI”).

Please provide the following necessary information to assist in the processing of your complaint. If you need assistance completing this form, you may contact the Diversity Hotline at 312-681-2610. Once completed, e-mail the form to EEODiversity@transitchicago.com or mail to:

Chicago Transit Authority
Equal Employment Opportunity Unit
 567 West Lake Street, 4th Floor
 Chicago, Illinois 60661

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. Failure to file the complaint within the time period may result in the dismissal of the complaint.

Section I: Customer Information				
Name:				
Address:				
Telephone:			E-mail:	
Accessible Format Requirements: Large Print TDD Audio Tape Other (specify)				

Section II: Person Alleging Discrimination on Behalf of Complainant		
Are you filing this appeal on your own behalf?	Yes (if Yes, go to Section III)	No
If not, please provide the name and relationship of the person for whom you are filing the appeal:		
Name:	Relationship:	
Please provide the mailing address and phone number of the aggrieved party:		
Address:	Phone Number:	
Please explain why you are filing the appeal for the aggrieved party:		
Have you received permission to file an appeal on the aggrieved party’s behalf?	Yes	No

Section III: Complaint Information

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National Origin

Date of the alleged discrimination (month, day, year):

Time:

Location:

Please explain what happened and why you believe you were discriminated against. Provide as many specific details about the incident as possible, including names, badge numbers of CTA personnel, time, location (bus/train route), and the contact information for any witnesses. Use the back of this form if you need more space. You may attach any additional information that is relevant to your complaint.

Section IV: Additional Information

Have you filed this complaint with any other federal, state, or local agency? Yes No

If Yes, please list the agency and contact information below:

Agency:

Contact Name:

Address:

Phone:

If you have filed a complaint regarding the same subject matter with an external agency or court, CTA's EEO Unit will administratively close your case and refer the matter to the CTA's Law Department for handling.

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

Complainant's Signature

Date