

## TITLE VI COMPLAINT FORM (For Transit Services Only)

The Woodlands Township is committed to ensuring that no person is excluded from participation in or denied the benefits of its federally funded transit programs, activities or 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.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator at [transitcompliance@thewoodlandstowship-tx.gov](mailto:transitcompliance@thewoodlandstowship-tx.gov) or by calling 281-210-3800 and ask for the Transportation Department. The completed form must be returned to The Woodlands Township, 2801 Technology Forest Boulevard, The Woodlands, Texas 77381.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason the alleged discrimination took place?  
(Circle one)

Date of  
Incident: \_\_\_\_\_

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and titles of all The Woodlands Township employees involved, if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

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The Woodlands Township

Please describe the alleged discrimination incident (continued)

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Have you filed a complaint with any other federal, state or local agencies? (Circle one)  
Yes/No. If so, list the agency/agencies and pertinent contact information below:

Agency:

Contact Name:

Street Address, City, State & Zip Code:

Phone:

Agency:

Contact Name:

Street Address, City, State & Zip Code:

Phone:

Complainant(s) Signature(s):

Date:

Print or Type Name of Complainant(s)

Date Received:

Review By: