CITY OF SHAWNEE, KANSAS

CityRide Complaint Form

The purpose of this form is to assist you to file a complaint with the City of Shawnee CityRide Program. You are not required to use this form. A letter that contains the same information, and is signed and dated by you, will be sufficient.

SECTION 1

Name: _______________________________________________________________________________

Address: _____________________________________________________________________________

Home Telephone: __________________________ Cell Phone: ___________________________

Email Address: ______________________________

Accessible Format Requirements? Large Print: ____ Audio Tape: ____ TDD: ____ Other: ___________

SECTION 2

Are you filing this complaint on your own behalf? ____ Yes  ____ No

If you answered “Yes” to this question, go to SECTION 3.

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. _________________________________________

_____________________________________________________________________________________

Confirm you obtained the permission of the aggrieved if you are filing on behalf of a third party.

_____ Yes _____ No

SECTION 3

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): _____________________
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved in as much detail as possible. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If you need more space, please attached additional pages.

_____________________________________________________________________________________

_____________________________________________________________________________________

SECTION 4

Have you previously filed a Title VI complaint with this agency? _____ Yes _____ No

SECTION 5

Have you filed this complaint with any other Federal, State, or Local Agency or with any Federal or State Court?

_____ Yes _____ No

If yes, check all that apply:

☐ Federal Agency: _______________ ☐ Federal Court: _______________

☐ State Agency: _______________ ☐ State Court: _______________

☐ Local Agency: _______________

Please provide contact information (name/phone/address/email) of the agency/court where the complaint was filed.

Name: ________________________________________________________________

Title: _________________________________________________________________
Program: _____________________________________________________________________________

Address: ___________________________________________________________________________

Telephone: ___________________________________________________________________________

Email Address: ________________________________________________________________________

SECTION 6

Name of Agency complaint is against: ______________________________________________________

Contact Person: _______________________________________ Title: ___________________________

Telephone: _________________________________ Email Address: ____________________________

You may attach any written materials or other information that you think is relevant to your complaint.

SECTION 7

Please sign here: _____________________________________ Date: ____________________________

NOTE – WE CANNOT ACCEPT YOUR COMPLAINT WITHOUT A SIGNATURE

Please submit this form in person or mail your completed form to:

City of Shawnee
City Clerk
11110 Johnson Drive
Shawnee, KS 66203