HERE AND THERE TRANSIT TITLE VI COMPLAINT FORM

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Mike Alkire. Director Barbour County Senior Center, Inc DBA P^\^A d aA/@\^A/a • aA ÚÁUÁÓ[¢ÁFIÎÁ Ú@ajā] a ÉY ^• o Áxā*ājā e é Áx Gî I FÎ Á Ò{ a ∰á Ánatcomplaints@bcscwv.orgá ¦ÁØæ¢á ÁH€I ЁÍ Í ЁЭ€FÏ ÁÁ Á

1. Complainant's Name:Ä		
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2. Accessible Format of Form Ne	eded?/ﷺ⊡Šæ'*^ÁÚ¦∄o∰∭⊡C	ĔåãįÁ/æ}ٍ∧Á₩Ã⊒VÖÖÁAÁ
□Uc@°¦ÁÇ; ^æ•^Á;]^&ã≎D#Á		
3. Are you filing this complaint o	on your own behalf?∰\\Â`^∙	Älf YES, please go to
Question 7Á		
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4. If you answered NO to questic		our name and address.
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5. What is your relationship to th		
6. Please confirm that you have	obtained the permission of	the aggrieved party if you are
filing on behalf of a third party.Á		
7. I believe that the discrimination	on I experienced was based	onÁ§&@&\ádeká@eexÁsi] ^DÁ
AMME Race 🗆 Color 🗆 Natio	onal Origin (Classes protected	ed by Title VI)Á
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8. Date of Alleged Discrimination	ר (Month, Day, Year):	
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9. Where did the Alleged Discrimination take place? Á
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. AD^+ & a a^ A + A + A + A + A + A + A + A + A + A
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A 11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.
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12. What type of corrective action would you like to see taken?
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13. Have you filed a complaint with any other Federal, State, or local agency, or with any
Federal or State court? Yes If yes, check all that apply No
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