

# Title VI and Americans with Disabilities Act Complaint Form

Madison County Transit (MCT) operates programs without regard to race, color, national origin, income level, or English Proficiency, as described by Title VI of the Civil Rights Act of 1964. The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities. MCT is committed to providing safe, accessible and efficient transportation services, in full compliance with 49 CFR Parts 27, 37, 38, and 39 of the ADA.

In order to make a Title VI or ADA complaint, please provide the following information. Assistance is available upon request. Complete this form and mail or deliver to: Madison County Transit, Attn: Managing Director, 1 Transit Way, Pontoon Beach, IL 62040. Alternatively, it can be faxed to (618) 797-7547 or emailed to info@mct.org. Federal law requires complaints be filed within one-hundred eighty (180) calendar days of alleged incident.

**Type of complaint:**       Title VI       Americans with Disabilities Act (ADA)

**Individual registering this complaint:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

**Individual discriminated against (if other than the individual mentioned above):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

**What is the basis for the complaint? (Check all that apply):**

Race / Color / National Origin       Disability       Income Level       Limited English Proficiency  
 Other: \_\_\_\_\_

**Date and approximate time of incident or violation:** \_\_\_\_\_

Describe the incident or violation. What happened and who was responsible? Include any other information that is pertinent to the investigation (ex: bus number, bus route, employee involved in the complaint, direction of vehicle, details about weather conditions, etc.) For additional space, use back of form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign, verifying that the information above is accurate:** \_\_\_\_\_

**Attach any documents that will support your complaint.**

If an individual wishing to make a complaint is unable to write the complaint, MCT staff will assist. Please call 618-797-4600.