

**HASC Center, Inc.**  
**Title VI Complainant Form**

Any person, receiving transportation services from HASC Center Inc., who believes they have been subjected to discrimination on the basis of race, color or national origin, may file directly, or through a representative, a written complaint with the agency.

**PART A: Complainant Contact Information**

First Name:

Last Name:

Title:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone #: (     )

E-mail:

**PART B: Complaint**

Name of the Entity/individual against which this complaint is being filed:

Location of incident:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone #: (     )

**PART C: Complaint Details**

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

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Complainant Signature

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Date