TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by **AllThrive 365 and Affiliates (AT365)** or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at (602) 285-0505 x 219 (TTY: 711) or via email at dewittk@allthrive365.org.

SECTION 1: CUSTO	MER INFORMATION		
First Name:	Last Name:		
Address:			
		Zip:	
	Cell Phone:		
Email:	Prefe	rred method of contact: Phone Email	
SECTION 2: INCIDEN	NT INFORMATION		
Date of Incident:	Time of Incident:AM PN	И City:	
	Direct		
Route #:	Bus/Light Rail/Streetcar #:		
	sus Express/RAPID Circulator/Connector		
Operator Name:			
Operator Description:			
What was the discrimination based on (Check allthat apply): \square Race \square Color \square National Origin \square Other			
	s names and contact information of any witness u may also attach any written materials or other		
If yes, please provide inf Name:	olaint with the Federal Transit Administration (F7 formation about a contact person at the FTA wh Title:	ere the complaint was filed:	
Address:		Phone:	
Have you previously filed Signature and date requ	d a Title VI complaint with this agency? \Box Yes \Box ired below:	No	
Signature			
		VALLEY	

METRO

City of Phoenix