



Civil Rights Complaint Form

Rio Metro is committed to ensuring that no person is excluded from participation in, denied the benefits of, or be subject to discrimination in the receipt of its services on the basis of race, color, national origin or disability. Any person who believes he or she has been subject to an unlawful discriminatory practice in the receipt of Rio Metro's services, as defined by Title VI of the Civil Rights Act of 1964 and the Americans with Disability Act (ADA) of 1990, may file a complaint. If you wish to file a complaint, please complete and mail this form to:

Operations Review and Policy Compliance Manager
Rio Metro Regional Transit District
809 Copper Avenue NW
Albuquerque, NM 87102

You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist the investigation of your allegations. More information about your transit civil rights may be found on Rio Metro's website at <https://www.riometro.org/311/Civil-Rights>.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number _____ Email Address: _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Do you require information in an accessible format? If yes, check the appropriate box below.

Large Print Braille Not Applicable Other (specify) _____

7. What was the discrimination based on? (Check all that apply)

Race / Color/ National Origin Disability Other (specify) _____

8. Date and time of incident resulting in discrimination: _____

9. Where did the incident take place? Provide location/facility, train/bus number, employee's name, etc.

10. Describe how you were discriminated against. What happened? Who was responsible? For additional space, attach additional sheets of paper or use back of the form.

Civil Rights Complaint Form (page 2)

11. Please provide contact information for any witnesses that were present.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) Yes No

If answer is yes, check each agency complaint was filed with:

Federal Agency Federal Court State Agency

State Court Local Agency Other (specify) _____

13. Provide the contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign and date the complaint in space below. Attach any documents you believe supports your complaint.

Complainant's Signature (Optional)

Date