

P. O. Box 20000 Las Cruces, NM 88004



Title VI **Complaint Form**

The City of Las Cruces/RoadRUNNER Transit is proud to serve you. If you believe, however, that you have been denied Federal Title VI protections or benefits of RoadRUNNER Transit's services, on the basis of your race, color, or national origin, then a written complaint may be addressed as follows: Title VI (EEO/ADA) Coordinator

RoadRUNNER Transit

P.O. Box 20000, Las Cruces, NM 88004 Phone: (575) 528-3227 Fax: (575) 528-3020

| | Zip Code | | | | | | |
|--|--|--|--|--|--|--|--|
| Best time to call | | | | | | | |
| | | | | | | | |
| ☐ National Origin? ssible what happened to include the names | ☐ Color? and how you were discriminated against. Tell who and contact information of any witnesses. If more | | | | | | |
| | | | | | | | |
| | State against because of □ National Origin? ssible what happened | | | | | | |

| - | ou filed this ourt? □ No | complaint w □ Yes | rith any oth | ner federal | , state | , or loca | I agency | /; or with | n any fe | deral or |
|------------------|-----------------------------|-----------------------------------|--------------|-------------|----------|-----------|-----------|------------|----------|----------|
| If yes, c | | t apply □ Federal □ Federal | | | or | | | | | |
| Please filed. | provide info | ormation abo | ut a conta | ıct person | at the | agency | court w | here the | e compl | aint was |
| Name _ | | | | | | | | | | |
| Address | S | | | | | | | | | |
| | | | | | | | | | | |
| Telepho | ne Number | | | | | | | | | |
| | sign below t to your co | . You may a mplaint. | ttach any | written m | aterials | s or oth | er inforr | nation t | hat you | think is |
| Signatu | re | | | | Date _ | | | | | |