



TITLE VI & TRANSIT ADA COMPLAINT FORM

Please print this form, complete and sign prior to mailing.

I. Complaint information: Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

II. Are you filing this complaint on your own behalf? *☐ Yes ☐ No *If answered yes, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the other party if you are filing on behalf of someone else: ☐ Yes ☐ No

III. Is your complaint related to:

☐ Sun Tran

☐ Sun Van

☐ Sun Link

☐ Sun Shuttle

☐ Sun Shuttle Dial-A-Ride

☐ Sun Shuttle Dial-A-Ride (Oro Valley)

☐ On Demand

IV. Is your complaint related to Race, Color, Disability or National Origin?

If you believe this is the basis you are being discriminated against, please check all that apply:

☐ Race

☐ Color

☐ National Origin

☐ Disability

V. Please describe the alleged discrimination:

Beginning with the most recent incident, please list events in reverse chronological order by date(s), (route & bus # if known) of occurrence. Be specific. Attach additional pages, if necessary.

VI. Have you previously filed a complaint with this agency? ☐ Yes ☐ No

VII. Have you filed the same/similar complaint with another agency? ☐ Yes ☐ No

If yes, please list which agencies: _____

Please provide contact information at the agency where the complaint was filed: _____

You may attach any materials that you think is relevant to your complaint. Signature and date required below.

Sign: _____ Date: _____

Please return the completed form with documentation relating to this complaint to:

Email: suntraninfo@tucsonaz.gov
(use Title VI in subject line)

Phone: (520) 792-9222

Sun Tran/Sun Van/Sun Link
Title VI Coordinator - Davita Mueller
3920 N. Sun Tran Blvd.