HopeWest hereby gives public notice of its policy to uphold and assure full compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (42 U.S.C. Section 2000d)

HopeWest is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B.

Any person who feels they are being denied participation in or being denied benefits of the transit services provided by HopeWest, or otherwise been discriminated against because of race, color, or national origin has the right to file a formal complaint. Any such complaint must be in writing and submitted to the HopeWest Compliance Officer within one hundred eighty, (180) days following the date of the alleged occurrence. For more information regarding civil rights complaints, please contact:

Compliance Officer
HopeWest
3090 N 12th St, Unit B
Grand Junction, CO 81506
970.241.2212

To file a complaint, please print and mail (this form) to the address above.
**HOPEWEST TITLE VI COMPLAINT FORM**

### Section 1

<table>
<thead>
<tr>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
</tr>
<tr>
<td>TELEPHONE/PREFERRED:</td>
</tr>
<tr>
<td>E-MAIL ADDRESS:</td>
</tr>
</tbody>
</table>

**ACCESSIBLE FORMAT REQUIREMENTS?**
- [ ] Large Print
- [ ] Audio Tape
- [ ] TDD
- [ ] Other: [ ]

### Section 2

**ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF?**
- [ ] Yes
- [ ] No

If you answered no, what is the name of the person for whom you are complaining and what is your relationship to that person?

| NAME: | RELATIONSHIP: |

PLEASE CONFIRM THAT YOU HAVE OBTAINED THE PERMISSION OF THAT PERSON IF YOU ARE FILING ON BEHALF OF A THIRD PARTY.
- [ ] Yes, I have their permission
- [ ] No

### Section 3

**I BELIEVE THE DISCRIMINATION I EXPERIENCED WAS BASED ON:**
- [ ] Race
- [ ] Color
- [ ] National Origin

**DATE OF ALLEGED DISCRIMINATION:** (Month/Day/Year)

**PLEASE DESCRIBE YOUR COMPLAINT. USE SPECIFIC DETAILS SUCH AS NAMES, DATES, TIMES, WITNESSES OR OTHER PEOPLE INVOLVED, AND ANY OTHER INFORMATION THAT WOULD ASSIST US IN OUR INVESTIGATION OF YOUR COMPLAINT. USE AN ADDITIONAL PAGE IF NEEDED.**
Section 4

HAVE YOU PREVIOUSLY FILED A TITLE VI COMPLAINT WITH HOPEWEST?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Section 5

HAVE YOU EVER FILED THIS COMPLAINT WITH ANY OTHER STATE OR FEDERAL AGENCIES OR WITH ANY COURT?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

IF YES, CHECK ALL THAT APPLY AND PROVIDE DETAILS OF WHICH AGENCY AND WHEN:

- Federal Transit Authority
- Other state or federal agency
- Local agency
- Court

CONTACT PERSON YOU HAVE USED IN FILING WITH ANOTHER AGENCY: (Name/Phone #)

You may attach any written materials or other information that you think is relevant to your complaint.

________________________________________________________  ______________________
Your Signature                                      Date

Please print and deliver in person or via mail to:

HopeWest  
ATTN: Compliance Officer/Title VI  
3090 N 12th St, Unit B  
Grand Junction, CO 81506  
970-241-2212