

Title VI Nondiscrimination Complaint Form-Transit  
Rural Office of Community Services, Inc. (ROCS)

Check what you believe to be the basis for the discrimination against you, such as race, sex or national origin. If you think that was more than one basis, more than one basis may be checked. You may also check more than one race/ethnic category.

I believe I was (or continue to be) discriminated against because of the following basis:

Race:

- Hispanic or Latina
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other: Please explain \_\_\_\_\_

Religion \_\_\_\_\_

Sex:

- Male
- Female

National Origin \_\_\_\_\_

Was a complaint filed with any other agency? \_\_\_\_\_

If yes, please list the name of the agency or agencies below:

Name(s) of department employees or programs/offices involved in discrimination and/or harassment:

Name(s) of any witnesses:

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**Explain specific complaint:** (Explain in your own words what happened, the date(s) incidents occurred, who was involved, etc. Use backside of page for additional space or attach a separate sheet if needed. Please state the date(s) the incidents occurred or when the last incident occurred. All complaints need to be filed within 180 days of the last occurrence of discrimination and/or harassment.)

What are you hoping will result from this complaint?

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WORK/CELL PHONE: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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Submit form to:

ROCS Transit  
PO Box 547  
Wagner, SD 57381

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**OFFICE USE ONLY**

OFFICE: \_\_\_\_\_

DATE COMPLAINT RECEIVED: \_\_\_\_\_

DATE COMPLAINT REFERRED TO FEDERAL AGENCY: \_\_\_\_\_

AGENCY THE COMPLAINT REFERRED TO:

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DATE INVESTIGATED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

RESULTS:

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Human Resource Officer/EEO – ROCS Transit  
Rural Office of Community Services, Inc.

DATE