TITLE VI NOTICE

The County of Maui Department of Transportation (MDOT) operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by an unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following:

County of Maui Department of Transportation
110 Ala‘ihi Street, Suite 210
Kahului, HI 96732
Phone: (808) 270-7511
Fax: (808) 270-7505
Website: www.mauicounty.gov
Email: public.transit@mauicounty.gov

Hawaii State Department of Transportation
Office of Civil Rights
200 Rodgers Blvd.
Honolulu, Hawaii 96819

Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

If information is needed in another language, contact (808) 270-7511.
Title VI Complaint Form

**Section I:**

Name:  
Address:  
Telephone (Home):  
Telephone (Work):  
Electronic Mail Address:  

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<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
<th>Other</th>
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**Section II:**

Are you filing this complaint on your own behalf?  
*Yes*  
*No*  

*If you answered "yes" to this question, go to Section III.

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

Please explain why you have filed for a third party:  

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  
*Yes*  
*No*  

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):  
[ ] Race  
[ ] Color  
[ ] National Origin  

Date of Alleged Discrimination (Month, Day, Year):  

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.
**Section IV**

Have you previously filed a Title VI complaint with this agency?  
Yes | No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
[ ] Yes | [ ] No  
If yes, check all that apply:  
[ ] Federal Agency: __________________________  
[ ] Federal Court ___________________________  [ ] State Agency ___________________________  
[ ] State Court ___________________________  [ ] Local Agency ___________________________  
Please provide information about a contact person at the agency/court where the complaint was filed.  
Name:  
Title:  
Agency:  
Address:  
Telephone: 

**Section VI**

Name of agency complaint is against:  
Contact person:  
Title:  
Telephone number: 

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

Signature and date required below

________________________________________ ________________________
Signature Date

Please submit this form in person at the address below, or mail this form to:

County of Maui  
Department of Transportation  
Transportation Grants Administration Officer  
110 Ala’ihi Street, Suite 210  
Kahului, HI 96732