

Greater Northside Management District Civil Rights Complaint Form

The Greater Northside Management District (“District”) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, or disability, as provided by Title VI of the Civil Rights Act of 1964 and the American with Disabilities Act (ADA), as amended. Civil Rights complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Civil Rights Coordinator by calling 713-229-0900. The completed form must be returned to Civil Rights Coordinator, 615 North Loop East, Suite 104, Houston, Texas 77022.

Your Name:	Phone:
Street Address:	Email:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place?

- Race
- Color
- National Origin
- Limited English Proficiency
- Disability (ADA)
- Other

Date of Incident: _____

Name/ID of Individuals Involved: _____

Vehicle ID/Route Name: _____

Please describe the alleged discrimination incident. Provide the names and title of all District employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No If so, list agency / agencies and contact information below:

Agency:

Contact Name:

Street Address, City, State & Zip Code: Phone

Agency:

Contact Name:

Street Address, City, State & Zip Code: Phone

Complainants Signature:

Date:

Print or Type Name of Complainant

Date Received:

Review By: