TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Lifewell or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Phillip Havatone at Lifewell at 602-599-5408 (TTY: 711) or via email at phavatone@lifewell.us. Or visit our administrative office at 202 E Earll Dr, Phoenix, AZ 85012. For more information, visit www.lifewell.us.

SECTION 1: CUSTO	MER INFORMATION			
First Name:		Last Name:		
			Zip:	
Home Phone:		Cell Phone:		
Home Phone: Cell Phone: Preferred method of contact			method of contact: \square Phone \square Email	
SECTION 2: INCIDE	NT INFORMATION			
Date of Incident:	Time of Incident:	AM PM Ci	ty:	
Incident Location:		Direction of Travel:		
Route #:	Bus/Light Rail/Streetcar #:			
Service Type: ☐ Local B	us □ Express/RAPID □ C	Firculator/Connector \Box l	Light Rail □ Streetcar □ Dial-a-Ride	
Operator Description:				
• • • • • • • • • • • • • • • • • • • •		annivi: Race Colo	or □ National Origin □ Other	
What was the discrimina	tion based on (Check allthat	apply). Littade Littold		
persons who were involvyou (if known), as well as	red. Include the name and c s names and contact inform	ontact information of the ation of any witnesses.	e discriminated against. Describe all e person(s) who discriminated against lf more space is needed, please use brmation relevant to your complaint.	
	laint with the Federal Trans ormation about a contact pe	` ,		
Address:		Phone:		
Have you previously filed Signature and date requ	d a Title VI complaint with thired below:	iis agency? ☐ Yes ☐ N	o	
Signature				
Date			-	

VALLEY METRO

City of Phoenix