

Allen County Regional Transit Authority

TITLE VI and Related Statutes Discrimination Complaint

CONNECTING OUR COMMUNITY		FOR OFFICE USE ONLY			
CONNECTING OUR COMMONTH		Date:		Reviewer Initials:	
Nature of Complaint:	Home Telephone Nu		ber: Work Telephone Number:		bhone Number:
Mailing Address:					
What is the most convenient time for us to co	ontact you abo	out this co	mplaint?		
Basis of Discriminatory Action(s):					
RaceColorNational Origin					
How were you discriminated against? Describ alleged discrimination. Explain as clearly as p protected status was a factor in the discrimin differently from you. (Attach additional page	ossible what ation. Include	happened e how othe	and why yo	ou believe y	our
Names of individuals responsible for discrimin	natory action	(s):			
Names of persons (witnesses, fellow employe additional information to investigate your cor <u>Name:</u> <u>Addres</u>	mplaint:	rs, or othe	·	ve may cont Felephone N	

Allen County Regional Transit Authority

TITLE VI and Related Statutes Discrimination Cor	nplaint
--	---------

The law prohibits intimidation or retailation against anyone because he/she has either taken action, ro participated in action, to secure rights protected by these laws. If you feel you have been retailated against (separate from the discrimination alleged above), please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retailation. What remedy, or action, are you seeking for the alleged discrimination? Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal Highway Administration/U.S. Department of Transportation fyou have already filed a charge or complaint, please provide the following information: Address: Address: Address: Address: Address: Phone Number: Case Number: Please provide any additional information that you beleive would assist with this investigaion. Please provide any additional information that you beleive would assist with this investigaion. COMPLAINANT: DATE:		complaint					
discrimination alleged above), please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retailation. What remedy, or action, are you seeking for the alleged discrimination? Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Address: Address: Address: Address: Address: Case Number: Type of trial/hearing: Please provide any additional information that you beleive would assist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	The law prohibits intimidation or retaliation against	anyone because he/she has either taken action, or participated					
the cause for the alleged retaliation. What remedy, or action, are you seeking for the alleged discrimination? Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal OF State Court Federal OF State Court Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Preve of trial/hearing: Preve of trial/hearing: Preve of Case: Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	in action, to secure rights protected by these laws. I	If you feel you have been retaliated against (separate from the					
the cause for the alleged retaliation. What remedy, or action, are you seeking for the alleged discrimination? Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal OF State Court Federal OF State Court Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Preve of trial/hearing: Preve of trial/hearing: Preve of Case: Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
What remedy, or action, are you seeking for the alleged discrimination? Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:							
Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. Please sign and date this complaint form below**							
Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. Please sign and date this complaint form below**							
Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. Please sign and date this complaint form below**							
Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. Please sign and date this complaint form below**							
any of the following? U.S. Equal Employment Opportunity Commission Pederal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Type of trial/hearing: Federal information that you beleive would assist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	What remedy, or action, are you seeking for the alle	ged discrimination?					
any of the following? U.S. Equal Employment Opportunity Commission Pederal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Type of trial/hearing: Federal information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
any of the following? U.S. Equal Employment Opportunity Commission Pederal or State Court Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Type of trial/hearing: Federal information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Have you filed, or do you intend to file, a charge or c	complaint regarding the matters related in this complaint with					
U.S. Equal Employment Opportunity Commission OH Human Relations Commission Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:							
OH Human Relations Commission Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:							
OH Human Relations Commission Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:	U.S. Equal Employment Opportunity Comm	nission					
Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:							
Federal or State Court Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court:	OH Human Relations Commission						
Federal Highway Administration/U.S. Department of Transportation If you have already filed a charge or complaint, please provide the following information: Agency/Court: Agency/Court: Address: Address: Address: Date Filed: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would assist with this investigaion.							
If you have already filed a charge or complaint, please provide the following information: Agency/Court:	Federal or State Court						
If you have already filed a charge or complaint, please provide the following information: Agency/Court:	Federal History Administration (U.C. Dono						
Agency/Court: Attorney Name: Address: Address: Date Filed: Phone Number: Case Number: Phone Number: Case Number: Status of trial/hearing: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion.							
Address:	If you have already filed a charge or complaint, pleas	se provide the following information:					
Address:							
Date Filed: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Agency/Court:	Attorney Name:					
Date Filed: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigaion **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
Case Number:	Address:	Address:					
Case Number:							
Type of trial/hearing:Status of Case:	Date Filed:	Phone Number:					
Type of trial/hearing:Status of Case:							
Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Case Number:						
Status of Case: Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	lype of trial/hearing:						
Please provide any additional information that you beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
We cannot accept an unsigned complaint. Please sign and date this complaint form below	Status of Case:						
We cannot accept an unsigned complaint. Please sign and date this complaint form below							
We cannot accept an unsigned complaint. Please sign and date this complaint form below							
	Please provide any additional information that you b	beleive would asssist with this investigaion.					
	W/o connot account on unsigned com	nalaint Diasco sign and dato this complaint form holow					
COMPLAINANT: DATE:	••• we cannot accept an unsigned con	ipiant. Prease sign and date this complaint form below**					
		DATE					