



Allen County Regional Transit Authority
 TITLE VI and Related Statutes Discrimination Complaint

FOR OFFICE USE ONLY	
Date: _____	Reviewer Initials: _____

Nature of Complaint: _____	Home Telephone Number: _____	Work Telephone Number: _____
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Mailing Address: _____

What is the most convenient time for us to contact you about this complaint?

Basis of Discriminatory Action(s): _____ Race _____ Color _____ National Origin	_____	_____	_____
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Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s) if necessary).

Names of individuals responsible for discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to investigate your complaint:
Name: _____ Address: _____ Telephone Number: _____

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The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel you have been retaliated 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 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 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: _____

Status of Case:

Please provide any additional information that you believe would assist with this investigation.

****We cannot accept an unsigned complaint. Please sign and date this complaint form below****

COMPLAINANT: _____

DATE: _____