



# Community Transit



### COMPLAINANT CONTACT INFORMATION

*Please provide your name and contact information.*

Name:

Address:

City:

State:

Zip:

County:

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

### BASIS OF THE DISCRIMINATORY COMPLAINT

*Please specify the categories which you marked.*

Race:

National Origin:

Color:

Disability:

### WHEN DID THE DISCRIMINATORY ACT(S) OCCUR?

*Please provide the dates of the alleged act(s).*

Beginning Date of the Alleged Act:

End Date of the Alleged Act:

Is the Alleged Act Ongoing?  YES  NO


**CONTACT INFORMATION**

*Please provide the name and contact information of the **person** that you believe discriminated against you.*

Name:

Address:

City:

State:

Zip:

County:

Phone Number:

**CONTACT INFORMATION**

*Please provide the name and contact information of the **entity** that you believe discriminated against you.*

Name of Entity :

Address:

City:

State:

Zip:

County:

Phone Number:

**TELL US WHAT HAPPENED**

*In your own words, tell us what happened. Provide dates, if applicable, and describe how others were treated differently than you. Use additional paper if needed.*


**TELL US WHAT HAPPENED (CONTINUED)**


**Please sign below to acknowledge that the information entered in the complaint is true and correct.**

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Complainant Signature

| Date

**WITNESSES**

*Please list any individuals that may have information that supports or clarifies your complaint.  
Include as much contact information as possible. Use additional paper if needed.*

**Witness #1:**

Name:

Address:

City: State: Zip:

Phone Number:

**Witness #2:**

Name:

Address:

City: State: Zip:

Phone Number:

**Witness #3:**

Name:

Address:

City: State: Zip:

Phone Number:

**Witness #4:**

Name:

Address:

City: State: Zip:

Phone Number:

**Witness #5:**

Name:

Address:

City: State: Zip:

Phone Number:

**Witness #6:**

Name:

Address:

City: State: Zip:

Phone Number: