

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race / Color / National Origin

Disability

Not Applicable

Other (specify)

Section II

I believe that a public transit provider has failed to comply with the following program requirements:

Disadvantaged Business Enterprise

External Equal Employment Opportunity

Not Applicable

Other (specify)

Section III

Name:

Street Address:

City: State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section III

Are you filing this complaint on your own behalf?

Yes No

[If you answered "yes" to this question, go to Section IV.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

Yes No

Section IV

Have you previously filed a civil rights complaint with FTA? Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

Transit Provider

Department of Transportation

Department of Justice

Equal Employment Opportunity Commission

Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

Yes

No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here:

Date:

Note: We cannot accept your complaint without a signature

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complaint Signature: _____

Date: _____

Print or Type Name of Complainant: _____

Date Received: _____	Received by: _____
----------------------	--------------------

www.gotransit.org or 800-548-1068