

Allen County Regional Transit Authority

TITLE VI and Related Statutes Discrimination Complaint

CONNECTING OUR COMMUNITY		FOR OFFICE USE ONLY				
CORRECTING OUR COMMUNITY		Date:		Reviewer	Initials:	
Nature of Complaint:	Home Te	lephone Num	hone Number:		Work Telephone Number:	
Mailing Address:						
What is the most convenient time for u	us to contact you	about this co	mplaint?			
Basis of Discriminatory Action(s):				T		
RaceColorNational Orig	in					
Date and place of alleged discriminato most recent date of discrimination:						
How were you discriminated against? alleged discrimination. Explain as clea protected status was a factor in the disdifferently from you. (Attach additions)	rly as possible was crimination. Inc	hat happened lude how othe	and why yo	ou believe you		
Names of individuals responsible for d	iscriminatory act	ion(s):				
Names of persons (witnesses, fellow e additional information to investigate y		visors, or othe	rs) whom v	ve may conta	ct for	
	Address:			Telephone Nu	umber:	

Allen County Regional Transit Authority

TITLE VI and Related Statutes Discrimination Complaint

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: Address: Address: Phone Number: Phone Number:	The law prohibits intimidation or retaliation against	•	·				
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?	in action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the						
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?	discrimination alleged above), please explain the circumstances below. Explain what action you took which you believe was						
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?	the cause for the alleged retaliation.						
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?							
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?							
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?							
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?							
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 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 alle	eged discrimination	on?				
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 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 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 beleive would asssist with this investigaion. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Lieuwy filed and a very intend to file a charge and		in a the meathers related in this complete 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: 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 asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
OH Human Relations CommissionFederal or State CourtFederal 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: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	any of the following:						
OH Human Relations CommissionFederal or State CourtFederal 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: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	IIS Faual Employment Opportunity Comm	niccion					
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 investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	0.3. Equal Employment Opportunity 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 beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	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: Attorney Name: Address: 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 investigation **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Off framan 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: Attorney Name: Address: 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 investigation **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Federal or State Court						
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 beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
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 beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Federal Highway Administration/U.S. Depa	rtment of Transp	ortation				
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 beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**		•					
Address: 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 investigation **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	, , , , , , , , , , , , , , , , , , , ,	•	3				
Address: Address: Phone Number: Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Agency/Court:	Attorney Nar	ne:				
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 investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Address:	Address:					
Case Number: Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Date Filed:	Phone Numb	per:				
Type of trial/hearing: Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**							
Status of Case: Please provide any additional information that you beleive would asssist with this investigation. **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 investigation. **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 investigation. **We cannot accept an unsigned complaint. Please sign and date this complaint form below**	Type of trial/hearing:						
Please provide any additional information that you beleive would asssist with this investigation. **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	Diagram and the second distance in the second secon	h a l a :	ation with the term and the term				
	Please provide any additional information that you beleive would asssist with this investigation.						
	We cannot accept an unsigned complaint. Please sign and date this complaint form below						
COMPLAINANT: DATE:	The cumbe accept an unsigned cor		.g aa date tine complaint form sciow				
	COMPLAINANT:		DATE:				