NON-DISCRIMINATION COMPLAINT FORM

DEPARTMENT OF CORPORATE COMPLIANCE & ENGAGEMENT

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____(Work) _____(Cell) _____

Email: _____

Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____(Work) _____(Cell) _____

Email: _____

WHAT IS THE BASIS OF YOUR COMPLAINT? (CHECK ALL THAT APPLY)

☐ Race ☐ Color ☐ National Origin ☐ Limited English Proficiency (LEP)

Date of the alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (For additional space, attach additional sheets of paper or use back of the form)

_____

_____

_____

_____

Where did the incident take place? Please provide location, time, bus number etc.

_____

_____

_____

_____

Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____(Work) _____(Cell) _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____(Work) _____(Cell) _____

Email: _____

What is your requested remedy (What corrective action do you believe would resolve your complaint)? _____

_____

Did you file this complaint with another Federal, State, or Local agency? ☐ **Yes** ☐ **No**

Agency Name:

_____

Contact information for the other agency: _____

_____

Date Filed: _____

If you need any special accommodations for communication regarding this complaint, please specify what alternative format you require: _____

_____

I affirm that I have read the above charge and that it is true and correct to the best of my knowledge, information, and belief. I am willing to fully cooperate in the CCE investigative process and provide whatever evidence/documents which may be requested of me. Also, I acknowledge my obligation to immediately notify the Office of Corporate Compliance & Engagement of any changes relative to my contact information (address, phone number, email) during the investigation period.

Sign the complaint in space below. Attach any documents you believe supports your complaint.

Signature: _____

Date: _____