

Title VI RULV FULP Complaint Form

3LHUFH 7UDQVLW LV FRPPLWWHG WR HQVXULQJ WKDW QR S
 EHQHILWV RI LWV VHUYL FHV RQ WKH EDVLV RI UDFH FRORU
 ULJKWV \$FW RI DV DPHQGHG 6HFWLRQ RI WKH 5HKD
 D GLVDELOLW\ VKDOO EH H[FOXGHG IURP SDUWLFLSDWLRQ
 GLVFULPLQDWLRQ XQGHU DQ\ SURJUDP RU DFWLYLW\ WKDW
 FRPSODLQW RI GLVFULPLQDWLRQ RQ WKH EDVLV RI LWV HQJ
 ZULWWHQ FRPSODLQW ZLWKLQ GD\ RI WKH DOOHJHG GL

, I \RX UHTXLUH DQ\ DVVLVWDQFH LQ FRPSOHWLQJ WKLVI RU
 7KH FRPSOHWHG IRUP PXVW EH UHWXUQHG WR 3
 FURIILFHU#SLHUFHWUDQVLW RUJ 25 PDLO WR ± WK 6V
 \$771 &LYLO 5LJKWV 2IILFHU

7KH IROORZLQJ LQIRUPDWLRQ LV QHFHVVDU\ WR DVVLVW XV

Your Name:	Phone:	Alt. Phone:
Street Address:	City, State, Zip Code:	
Person(s) discriminated against (if someone other than complainant):		
Name(s):		
Street Address, City, State & Zip Code:		

Which of the following best describes the reason for the alleged discrimination that took place? (Circle one) Date of incident: _____

- ! Race
- ! Color
- ! National Origin (Limited English Proficiency)
- ! 'LVDELOLW\

Please describe the alleged discrimination incident. Provide names and titles of all Pierce Tran employees involved if available. Please provide as much detail as possible: route number, date and t of day, bus number, names and contact information for witnesses. Explain what happened and wh you believe was responsible. Please use the back of this form if additional space is required.

Complete reverse side of form

Pierce Transit Title VI \$ ' \$' L V F U L P Complaint Form

Please describe the alleged discrimination incident (continued)

Multiple horizontal lines for describing the incident.

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If so, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____
Phone: _____

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____
Phone: _____

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

Complainant's Signature _____ Date _____

Print or Type Name of Complainant

Date Received: _____
Received By: _____