Discrimination Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home): Telephone (Work):					
Email Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II: Are you filing this complaint on your own behalf? Yes* No					
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*If you answered "yes" to the question above, go to Section III.					
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 III:					
I believe the discrimination I experi	enced was based on (check all	that apply):			
[] Race/Color/National Origin (R	Related to Title VI of the Civil Righ	ts Act of 1964)			
[] Disability (Related to the Americans with Disabilities Act (ADA))					
Date of Alleged Discrimination (Mo	nth, Day, Year):				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.					
Section IV Have you previously filed a Discrimination complaint with this agency? Yes No					

Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
[] Yes	[]No			
If yes, check all that apply:				
[] Federal Agency:				
[] Federal Court		[] State Agency		
[] State Court		[] Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

NOTE: COMPLAINT WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.

Valley Transit's Title VI or ADA Officer will investigate all complaints. At the conclusion of our investigation, a letter of finding will be sent to the complainant. If our investigation determines that we were not in violation of Title VI or ADA, our letter will explain why we were in compliance. If it is determined that there was a violation, our letter will document the violation and the action that Valley Transit will take to become compliant.

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by the nondiscrimination statutes we enforce. Any individual alleging such harassment or intimidation may file a complaint with Valley Transit or the Federal Transit Administration.

Please submit this form in person at the address below, or mail this form to:

Valley Transit Title VI/ADA Coordinator 801 S. Whitman Avenue Appleton, WI 54914

For office use only: Date received by Valley Transit:______ Received by:_____ Create database feedback record, upload this completed form and related documents.