

Consolidated Civil Rights Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Person Discriminated Against (someone other than the complainant):

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Which of the following best describes the reason you believe the discrimination took place:

Race (Title VI) Color (Title VI) National Origin (Title VI) Disability (ADA)

On what date(s) did the alleged discrimination take place: _____

Please describe the alleged discrimination incident. Provide the names and titles of all the employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required. NOTE: This form consolidates information required by multiple federal civil rights programs. Information will be shared based on the type of discrimination identified above. Title VI of the Civil Rights Act covers Race, Color, and National Origin complaints ONLY. Americans with Disabilities covers Disability complaints.

Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.

Federal Agency_____ Federal Court_____

State Agency_____ State Court_____

Local Agency_____

Please provide information about contact person at the agency where the complaint was filed.

Agency Name:_____

Address:_____

City/State/Zip:_____

Agency Contact Name (if available):_____

Telephone Number (Work):_____

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

Complainant Signature: _____

Print Name: _____

Date

Attachments: Yes _____ No _____

Submit form and any additional information to:

Baker County Transit Department

Title VI / ADA Compliance Officer

1995 3rd Street

Baker City, OR 97814

Phone: (541)524-7480

Phone: (541)523-8201

*If you need this information in another language, contact **(541)524-7480**. Si necesita información en otro idioma, favor de llamar al **(541)524-7480**.*