15-0502 R08/19

Nondiscrimination Complaint Form for FTA Funded Programs

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

Complainant's Information:

City: _____

Name: _____

Address: _____

_____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Person discriminated against (someone other than complainant):

Name:
City: _____

Address: _____

_____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Which of the following best describes the reason you believe the discrimination took place?
Please be specific.

❑ Race _____ ❑ Color _____ ❑ National Origin _____

❑ Disability _____

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

_____

What is the name and title of the person(s) who you believe discriminated against you (if known)?

_____

_____

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper).

_____

_____

_____

_____

List names and contact information of persons who may have knowledge of the alleged discrimination.

_____

_____

If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, check all that apply.

❑ Federal Agency ❑ Federal Court ❑ State Agency ❑ State Court ❑ Local Agency Name:

_____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

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

Number of attachments: _____

_____ _____

Complainant Signature Date

Please email form and any additional information to:

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