

Discrimination Complaint Form

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:			City:	State:
				Zip:
Home Telephone: ()		Work Telephone: ()		E-mail Address:
Identify the Category of Discrimination:				
<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE	
<input type="checkbox"/> RELIGION	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX/GENDER	<input type="checkbox"/> INCOME STATUS	
Identify the Race of the Complainant				
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____	
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.				
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary)				
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.				
Names of individuals responsible for the discriminatory action(s):				
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional page(s), if necessary)				
	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	
1.				
2.				
3.				
4.				

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Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.	
<input type="checkbox"/> US Equal Employment Opportunity Commission	Date: _____
<input type="checkbox"/> Federal Highway Administration	Date: _____
<input type="checkbox"/> Federal Transit Administration	Date: _____
<input type="checkbox"/> Federal or State Court	Date: _____
<input type="checkbox"/> Other	Date: _____
Have you discussed the complaint with any High Point Transit System representative? If yes, provide the name, position, and date of discussion.	
Please provide any additional information that you believe would assist with an investigation.	
Briefly explain what remedy, or action, you are seeking for the alleged discrimination.	
**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.	
_____	_____
COMPLAINANT'S SIGNATURE	DATE
MAIL COMPLAINT FORM TO: High Point Transit System	
Mailing: PO Box 230 High Point, NC 27261	Location: 716 West Kivett Drive High Point, NC 27262
FOR MORE INFORMATION VISIT THE WEB SITE: www.highpointnc.gov/hi-tran/title_6.cfm or call 336-883-3424	
FOR OFFICE USE ONLY	
Date Complaint Received: _____	
Processed by: _____	
Case #: _____	
Referred to: <input type="checkbox"/> High Point HRC <input type="checkbox"/> FTA <input type="checkbox"/> FHWA <input type="checkbox"/> DOJ Date Referred: _____	