

Appendix B 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 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):

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 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 Act 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: _____

_____ Date

Print Name: _____

Attachments: Yes _____ No _____

Submit form and any additional information to:

Morrow County Public Transit
Title VI / ADA Compliance Officer
PO Box 495
Heppner, OR 97836
215 N Main St.
Irrigon, OR 97844
Phone: (541) 575-2370
Fax: (541) 575-2162

If you need this information in another language, contact (541) 676-5667.

Si necesita información en otro idioma, favor de llamar al (541) 676-5667.