Discrimination Complaint Form

Section 1

Name:

Address: _____ _____ _____ _____
Street Address City State Zip Code

Telephone (Home): _____ Telephone (Alternate): _____

Electronic Mail Address:

If you require accessible format(s), please check the appropriate box(s):
☐ Large Print ☐ Audio Tape ☐TDD ☐Other, please specify _____

Section 2

Are you filing this complaint on your own? ☐Yes (If yes, Go to Section 3) ☐No (If no, go to next line)

Please provide the name and address of the person who alleges discrimination:
Name: _____
Address: _____ _____ _____ _____
Street Address City State Zip Code

Please explain why you are filing this claim for a third party:

Please confirm that you have obtained permission. ☐Yes ☐No

Section 3

Date of alleged discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved and 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 the form or another sheet of paper.

_____
_____
_____

Section 4

_____

Have you previously filed a complaint with Pike County Transportation ? ☐Yes ☐No

Section 5

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 and provide the name of the agency or court: ☐ 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: _____ Telephone Number: _____
Address: _____

Section 6

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

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.
Signature and date required.

_____ _____
Complainant's Signature Date

Please submit this form and any additional materials in person or mail to: Customer Complaint Representative, Pike County Transit, 506 Broad Street, Milford, Pennsylvania 18337

Si se necesita información en otro idioma, por favor llame al (570-296-3434).

office use only: Date Received: _____ Person receiving complaint: _____