

**Area of Richmond Transit
Discrimination Complaint Form**

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Home Telephone: ()	Business Telephone: ()	Cell Telephone: ()
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 (Specify):		
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)

	Name	Address	Telephone
1.			
2.			
3.			
4.			

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.

- US Equal Employment Opportunity Commission Date:
- Federal Highway Administration Date:
- US Department of Transportation Date:
- Federal or State Court Date:
- Other Date:

Have you discussed the complaint with any NCDOT 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:
Area of Richmond Transit

Mailing: P. O. Box 2657
Rockingham, NC 28379

Location: 181 S. Bridges Street
Hamlet, NC 28345

FOR MORE INFORMATION VISIT THE WEB SITE:
www.ncdot.org/administration/civilrights
or call 919-508-1808 or 800-522-0453

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA FTA FAA USDOT DOJ

Date Referred: _____