

Delaware Dubuque Jackson County Regional Transit Authority Discrimination Complaint Form

Note: The following information is needed to assist in processing your complaint. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing.

Complainant Information:

Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (Home):		
Telephone Number (Other):		
Email Address:		

Person Discriminated Against (if someone other than the Complainant):

Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (Home):		
Telephone Number (Other):		
Email Address:		

Which of the following best describes the reason you believe the discrimination took place?

- Race / Color (Specify)
- National Origin (Specify)
- Sex / Gender
- Religion
- Age
- Disability

On what date(s) (d/m/yr) did the alleged discrimination take place? _____

If an advisor will be assisting you in the complaint process, please provide the advisor's name and contact information.

Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (Home):		
Telephone Number (Other):		
Email Address:		

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

This Discrimination Complaint Form and your written complaint statement must be signed and dated for allegation(s) to be addressed.

Additionally, you will need to sign a Consent/Release Form to disclose your name, if necessary, in the course of the inquiry. A Consent/Release Form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, this person must also sign a Consent/Release Form to consent to name disclosure in order to proceed.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature: _____ Date: _____

Attachments: Yes _____ No _____

Submit completed and signed Discrimination Complaint Form, Consent/Release Form(s) and any additional information to:

Region 8 RTA, 7600 Commerce Park, Dubuque, IA 52002
Phone: 563-588-4592 Fax: 563-557-3176 Email: hmcpherson@ecia.org