

**Region 8 RTA
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? _____

Please explain below as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Describe in what way you believe other persons were treated differently than you and why you believe these events occurred. Please use additional sheets if necessary and attach a copy to written material pertaining to your case.

List names and contact information of persons who may have knowledge of the alleged discrimination.

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

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

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

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal agency State agency Local agency
- Federal court State court Other _____

If a complaint was filed elsewhere, please provide information about a contact person at the agency/court where the complaint was filed.

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

Please describe how this/these issue(s) can be resolved to your satisfaction.

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

Name: _____
Organization: _____
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: lweinhold@ecia.org