

**TITLE VI/NONDISCRIMINATION COMPLAINT FORM
PALACE TRANSIT**

Check what you believe to be the basis for the discrimination against you, such as race, sex or national origin. If you think that was more than one basis, more than one basis may be checked. You may also check more than one race/ethnic category.

I believe I was (or continue to be) discriminated against because of the following basis:

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Color | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Other: Please Explain: | <input type="checkbox"/> White |

Was a complaint filed with any other agency? _____

If yes, please list the name of the agency or agencies below:

Name(s) of department employees or programs/offices involved in discrimination and/or harassment:

Name(s) of any witnesses:

Explain specific complaint:

(explain in your own words what happened, the date(s) incidents occurred, who was involved, etc. Use backside of page for additional space or attach a separate sheet if needed. Please state the date(s) the incidents occurred or when the last incident occurred. All complaints need to be filed within 180 days of the last occurrence of discrimination and/or harassment.)

What are you hoping will result from this complaint?

NAME _____ HOME PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____ WORK/CELL PHONE _____

SIGNATURE

DATE

DOT USE ONLY

DOT OFFICE _____ DATE COMPLAINT RECEIVED _____

DATE COMPLAINT REFERRED TO FEDERAL AGENCY _____

AGENCY THE COMPLAINT REFERRED TO _____

DATE INVESTIGATED _____ DATE COMPLETED _____

RESULTS:

City of Mitchell
