Complaint of Discrimination Form

Name:_______________________________________ Telephone Number:________________________
Address: ___________________________________ City: ____________________ Zip: __________
Basis of Complaint: __ Race  __Color  __National Origin  __Disability  __Other _________
Type of Complaint: ___Program  ___Service  ___Benefit  ___Activity
Who allegedly discriminated against you? Name: _________________________________________
Address: ___________________________________ Telephone Number: _________________________
If an organization, what is the name of the organization? ___________________________________
Address: ___________________________________ Telephone Number: _________________________
Name of Contact: _____________________________________
How were you discriminated against?
_________________________________________________________________________________
_________________________________________________________________________________
Where did the alleged discrimination occur?
_________________________________________________________________________________
_________________________________________________________________________________
Date(s) and time(s) discrimination occurred? First time? _________________________________
Second time? ____________________________ Third Time? _________________________________
Were there any witnesses to the discrimination?
Name: ________________________ Title: ______________ Telephone: _________________________
Name: ________________________ Title: ______________ Telephone: _________________________
Name: ________________________ Title: ______________ Telephone: _________________________
What can the bus company do to resolve the complaint?
_________________________________________________________________________________
Have you filed your complaint with anyone else? Who? ________________________________

When? ____________________ Complaint Number (if known): _________________

Do you have an attorney in this matter? Name: ________________________________

Address: ________________________________ Telephone: __________________________

When did you acquire the attorney? ________________________________

Your Signature: ________________________________ Today’s Date: ________________

Please submit your complaint to: Volunteer Transportation Center, Inc. Compliance Officer

Via U.S. Mail: 203 N. Hamilton Street, Watertown, NY 13601, USA
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Telephone: (315) 788-0422 ext. 351
Email: jen@volunteertransportation.org