

HURON TRANSIT CORPORATION
TITLE VI/LEP COMPLAINT FORM

STATE YOUR NAME AND ADDRESS

NAME _____ PHONE _____

ADDRESS _____ CITY/STATE _____

DOES YOUR COMPLAINT CONCERN DEISCRIMINATION IN THE DELIVERY OF SERVICES OR IN OTHER DESCRIMINTORY ACTIONS BY HTC IN IT'S TREATMENT OF YOU OR OTHERS? IF SO, PLEASE INDICATE BELOW THE BASIS ON WHICH YOU BELIEVE THESE DISCRIMINTORY ACTIONS WERE TAKEN AND YOUR REASON WHY (ADD MORE PAGES IF NEEDED).

____ RACE/ETHNICITY _____

____ NATIONAL ORGIN _____

____ SEX _____

____ RELIGION _____

____ AGE _____

____ DISABILITY _____

WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT?

WHICH HTC EMPLOYEE IS ACCUSED OF DISCRIMINATION? WHAT WAS DONE? _____

WHAT REMEDY ARE YOU SEEKING FOR THE ALLEGED DISCRIMINATION? _____

PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE INCIDENT THAT HAPPENED. _____

WE CANNOT ACCEPT A COMPLAINT IF IT HAS NOT BEEN SIGNED. PLEASE SIGN AND DATE BELOW.

SIGNATAURE

DATE