



**Type of alleged discrimination being reported**

**Title VI Related?** Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

I believe the discrimination I experienced was based on my: (check all that apply)

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_

**VT Public Accommodation Related?** Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

I believe the discrimination I experienced was based on my: (check all that apply)

Race \_\_\_\_\_ Creed \_\_\_\_\_ National Origin \_\_\_\_\_ Color \_\_\_\_\_ Marital Status \_\_\_\_\_

Sex \_\_\_\_\_ Gender Identity \_\_\_\_\_ Sexual orientation \_\_\_\_\_

**ADA Related?** Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

I believe the discrimination I experienced was based on my disability.

**Complainant's Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of alleged occurrence** Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

Details of Occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STOP HERE AND SUBMIT FORM TO THE Operations Manager (OR CALL FOR HELP TO COMPLETE THE FORM)

**RCT Operations Manager**

email: [Sthorpe@riderct.org](mailto:Sthorpe@riderct.org)

fax: 802-748-5275

mail: 1677 Industrial Pkwy, Lyndon, VT05851 : , ,

telephone assistance: 802-748-8170(TDD 711) -

Once we receive your discrimination complaint, you will be contacted within 5 days.

## MANAGER'S SECTION

Tracking No. \_\_\_\_\_

**Discussion with reporting person**    Date: \_\_\_\_\_    Time: \_\_\_\_\_    Details: \_\_\_\_\_

**Discussion with driver/staff**    Date: \_\_\_\_\_    Time: \_\_\_\_\_    Details: \_\_\_\_\_

**Final feedback to reporting person**    Date: \_\_\_\_\_    Time: \_\_\_\_\_    Details: \_\_\_\_\_

**Other action/follow up required** (i.e. description of driver discipline, changed policy, etc) Details: \_\_\_\_\_

Complainant notified of rights to appeal? Yes\_\_\_\_\_ No, because\_\_\_\_\_

Signature of Operations Manager \_\_\_\_\_ Date Closed: \_\_\_\_\_

Suspense dates for maintaining this record: Hard copy 1 year and Tracking report inclusion for 5 years