



DISCRIMINATION COMPLAINT

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 HR Manager (OR CALL FOR HELP TO COMPLETE THE FORM)

RCT HR Manager

email: ggambler@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. Complaints will be retained for one (1) year, and a summary will be retained for five (5) years.

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 HR Manager _____ Date Closed: _____

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