

RTA DISCRIMINATION COMPLAINT FORM

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address	City/State	Zip	
Home Telephone	Other Telephone	E-mail Address	
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alleged Discrimination: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Sex/Gender			
Race of Complainant: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____			
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.			
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.			
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.			
Name(s) of individual(s) responsible for the discriminatory action(s).			
Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).			