

Complaint Form

CAPITAL DISTRICT TRANSPORTATION COMMITTEE COMPLAINT FORM			
Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print	Audio Tape	
	TDD	Other	
Section II:			
Are you filing this complaint on your own behalf?			Yes* No
*If you answered "yes" to this question, go to Section III.			
Please supply the name and relationship of the person for whom you are complaining:		Your Name:	Your Relationship:
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the complainant if you are filing on behalf of a third party.			Yes No
Section III:			
I believe the discrimination I experienced was based on (check all that apply): Race Color National Origin Sex, Age Disability Economic Status Other Date of Alleged Discrimination (Month, Day, Year): _____			
On a separate sheet, explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.			
May we release your identity and a copy of your complaint to the entity against whom you are complaining? Note: We may be unable to investigate your allegations without permission to release your identity and complaint.			Yes No
Section IV:			
Have you previously filed a complaint with CDTC?			Yes No
Section V:			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <div style="text-align: center;">Yes No</div>			
If yes, check all that apply: Federal Agency Federal Court State Agency State Court Local Agency			
Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Signature of Complainant:			