

Please print and sign your name acknowledging that you have obtained permission to file this complaint on behalf of the third party

Printed

Name _____

Signature _____

Section III

I believe the discrimination I experienced was based on (circle all that apply)

Race _____ Color _____ National Origin _____ Disability _____

Date of alleged discrimination (Month, Day, Year): _____

Explain what happened and why you believe that 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. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Civil Rights complaint with this agency?

Circle the appropriate answer -

Yes

No

Section V

Have you filed this complaint with any other Federal, State or local agency or with any Federal or State court? Circle the appropriate answer - Yes No

If yes, check all that apply:

Federal Agency: _____ State Agency: _____

Federal Court: _____ Local Agency: _____

State Court: _____

Please provide contact information at the agency/court where the complaint was filed:

Name _____ Title _____ Phone Number _____

Agency _____ Address _____

Section VI

Name of agency complaint is against: _____

Contact person: _____ Title: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required

Print your name

Sign your name

Date

Please submit this form in person to:

Amarillo City Transit
801 South East 23rd
Amarillo, Texas 79102
Route 4 stops at the front door

Mail this form to:

City of Amarillo
P.O. Box 1971
Amarillo, Texas 79105

Date Received: _____

Received By: _____