



## 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 YOUR REGIONAL DIRECTOR (OR CALL FOR HELP TO COMPLETE THE FORM)

**Addison County Regional Director**

email: [info@trivalleytransit.org](mailto:info@trivalleytransit.org)

fax: 802-388-1888

mail: 297 Creek Road, Middlebury, VT 05753

telephone assistance: 802-388-2287 (TDD 711)

**Orange/No. Windsor Counties Regional Director**

email: [info@trivalleytransit.org](mailto:info@trivalleytransit.org)

fax: 802-728-6232

mail: PO Box 356, Randolph, VT 05060

telephone assistance: 802-728-3773 (TDD 711)

Once we receive your discrimination complaint, you will be contacted within 3 days.

