

DISCRIMINATION COMPLAINT

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

Type of alleged dis	scrimination being	<u>reported</u>			
Title VI Related?		No	Maybe	_	
	_		on my: (check all that apply)		
Race	Color	Na	tional Origin		
VT Public Accomi	nodation Related?	? Yes	No	Maybe	
			on my: (check all that apply)		
Race	Creed	_ Na	tional Origin Co ual orientation	lor Marital Status	
Sex	Gender Identity	_ Sexi	ial orientation		
ADA Related? Yes	s N	No	Maybe		
I believe the di	scrimination I experier				
Complainant's Co					
Name:					
Address:					
Telephone:			Email:		
discriminated against. who discriminated against. Date of Occurrence:	Describe all persons winst you (if known) as well. Time of Occurrence o	who were involved well as names a urrence:	yed. Include name and co and contact information or	x:	
				· · · · · · · · · · · · · · · · · · ·	
STOP HERE AND	SUBMIT FORM TO YOU	ir Regional D	DIRECTOR (OR CALL FOR H	ELP TO COMPLETE THE FORM)	
Addison County Regional Director			Orange/No. Windsor Counties Regional Director		
email: info@trivalleytransit.org			email: info@trivalleytransit.org		
fax: 802-388-1888			fax: 802-728-6232		
mail: 297 Creek Road, Middlebury, VT 05753			mail: PO Box 356, Randolph, VT 05060		

Once we receive your discrimination complaint, you will be contacted within 5 days.

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

MANAGER'S SECTION

Tracking No. _____

Discussion with reporting person	Date:	Time:	Details:
Discussion with driver/staff Date	: Time	e: De	etails:
Final feedback to reporting person	Date:	Time:	Details:
Other action/follow up required (i.e.	description of driver disc	inlina ahanga	d policy, etc) Details:
Other action/ronow up required (i.e.	description of driver disc	ipilile, changed	poney, etc) Details
Complainant notified of rights to appe	eal? Yes No, be	cause	
Signature of Regional Director:			Date Closed:
Suspense dates for maintaining this recor	d: Hard copy 1 year	and	Tracking report inclusion for 5 years