



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

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

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 5 days.

