

***DISCRIMINATION COMPLAINT FORM
ARLINGTON COUNTY TRANSIT SERVICES***

The information requested on this form will help us to understand your allegations. Please complete the information to the best of your ability. An Intake Officer will review the information and talk to you about your complaint.

Complainant Information

Name: _____
 First Middle Last

Address: _____
 Street Apt. Number

 City State Zip

Phone: (home) _____ **(Work)** _____ **(cell)** _____

Email: _____

I prefer to be contacted by phone(y/n) _____

I prefer to be contacted by email (y/n) _____

2. Are you filing this complaint on your own behalf? Please Circle One: Yes No

If you answered "yes" to this question, go to Section 3.

If you answered "no", please supply please provide the name and relationship of the person for whom you are complaining.

Name: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of another. Please circle one: Yes No

3. On What Basis Do You Believe That You Were Discriminated?

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sexual Harassment | |

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4. Give a Detailed Account of the Action(s) Circumstance(s) You Believe Were Discriminatory (Tell us WHO did WHAT, WHEN did they do it, WHERE did it happen, and your opinion as to WHY did it happen) Include the name and contact information of 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.

use additional paper if necessary

5. Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State Court? Please Circle One: Yes No

If yes, please provide the following information about the agency where the complaint was filed:

Contact Person Name: _____
Title: _____
Agency: _____
Address: _____
Phone: _____
Date Complaint was filed: _____

6. Please attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

7. Please submit this form at the address below. The form may be submitted in person or by mail to:

**Arlington Office of County Manager
Civil Rights Manager
2100 Clarendon Blvd, Suite 318
Arlington, VA 22201**