**RTA DISCRIMINATION COMPLAINT FORM**

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| Last Name | First Name | Male Female |
| Mailing Address | City/State | Zip |
| Home Telephone | Other Telephone | E-mail Address |
| Do you wish to remain anonymous?  **Yes No** | | |
| Alleged Discrimination:  **Race Color National Origin Age**  **Religion Disability Sex/Gender** | | |
| Race of Complainant:  **Black White Hispanic Asian American**  **American Indian Alaska Native Pacific Islander Other\_\_\_\_\_\_\_\_\_\_\_** | | |
| How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available. | | |
| Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination. | | |
| The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. **If you feel that you have been retaliated against, separate from the discrimination alleged above,** please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.  Name(s) of individual(s) responsible for the discriminatory action(s). | | |
| Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary). | | |

*Return form and supporting documentation to: Regional Transit Authority of Southeast Michigan, 1001 Woodward Avenue, Suite 1400, Detroit, MI 48226*

**<NEED TO TRANSLATE INTO: Arabic, Korean, Mandarin, and Spanish>**