

Last Name:	First Name:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Mailing Address:	City:	State:	Zip:
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Home Telephone: ()	Work Telephone: ()	E-mail Address:
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Identify the Category of Discrimination:

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE
<input type="checkbox"/> RELIGION	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX/GENDER	<input type="checkbox"/> INCOME STATUS

Identify the Race of the Complainant

<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary)

The law prohibits intimidation or retaliation against anyone because he/she has either taken action or participated in action to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, and please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional page(s), if necessary)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.		
2.		
3.		
4.		

Onslow United Transit System, Inc.
Discrimination Complaint Form

<p>Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input type="checkbox"/> US Equal Employment Opportunity Commission</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td><input type="checkbox"/> Federal Highway Administration</td> <td>Date:</td> </tr> <tr> <td><input type="checkbox"/> US Department of Transportation</td> <td>Date:</td> </tr> <tr> <td><input type="checkbox"/> Federal or State Court</td> <td>Date:</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>Date:</td> </tr> </table>		<input type="checkbox"/> US Equal Employment Opportunity Commission	Date:	<input type="checkbox"/> Federal Highway Administration	Date:	<input type="checkbox"/> US Department of Transportation	Date:	<input type="checkbox"/> Federal or State Court	Date:	<input type="checkbox"/> Other	Date:
<input type="checkbox"/> US Equal Employment Opportunity Commission	Date:										
<input type="checkbox"/> Federal Highway Administration	Date:										
<input type="checkbox"/> US Department of Transportation	Date:										
<input type="checkbox"/> Federal or State Court	Date:										
<input type="checkbox"/> Other	Date:										
<p>Have you discussed the complaint with any NCDOT representative? If yes, provide the name, position, and date of discussion.</p>											
<p>Please provide any additional information that you believe would assist with an investigation.</p>											
<p>Briefly explain what remedy, or action, you are seeking for the alleged discrimination.</p>											
<p>**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.</p>											
<p>_____</p> <p>COMPLAINANT'S SIGNATURE</p>	<p>_____</p> <p>DATE</p>										

MAIL COMPLAINT FORM TO:

Onslow United Transit System, Inc.

Mailing:

PO Box 1548
Jacksonville, NC 28541

Location:

1300 N. Marine Blvd
Jacksonville, NC 28540

FOR MORE INFORMATION VISIT THE WEB SITE:

www.ncdot.org/administration/civilrights

or call

919-508-1808 or 800-522-0453

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA FTA FAA USDOT

DOJ

Date Referred: ___

Federal Transit Administration
Office of Civil Rights
Complaint Form

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring of public transportation, which includes ensuring that providers properly implement Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____

(Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

Section II

Are you filing this complaint on your own behalf?

Yes _____ No _____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes ____ No ____

Section III

Have you previously filed an ADA complaint with FTA? Yes ____ No ____

If yes, what was your FTA Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider ____ Department of Transportation ____

Department of Justice ____ Equal Employment Opportunity Commission ____

Other _____

Have you filed a lawsuit regarding this complaint? Yes ____ No ____

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes.]

Section IV

Name of public transit provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to the transit provider?

Yes ____ No ____

May we release your identity to the transit provider?

Yes ____ No ____

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to:

**Director, FTA Office of Civil Rights
East Building – 5th Floor, TCR
1200 New Jersey Ave., SE
Washington, DC 20590**

You may also leave a message at our toll-free FTA ADA Assistance Line, 1-888-446-4511 (Voice) or through the Federal Information Relay Service, 1-800-877-8339. We can be reached by electronic mail at: FTA.ADAAssistance@dot.gov. The FTA Web Page can be found at [<http://www.fta.dot.gov>].