



## DISCRIMINATION COMPLAINT FORM

Intercity Transit provides equal access to its transportation services, employment, and contracting opportunities pursuant to federal laws (Title VI of the Civil Rights Act of 1964, Title II of the Americans with Disabilities Act, Equal Employment Opportunities laws) and in accordance with applicable state and local laws.

Please use this form to file a discrimination complaint within 180 days of the incident. You can also call us at 360-786-1881, visit Customer Service at the Olympia Transit Center, contact us by [email](#), or by U.S. Postal Service.

**I believe I have been discriminated against on the basis of:**

Race, color or national origin

Disability

Other (please specify below)

**I believe that Intercity Transit has failed to comply with the following program:**

Disadvantaged Business Enterprise

Equal Employment Opportunities Act

Americans with Disabilities Act

Title VI

## CONTACT INFORMATION

**Name**

**Street address**

**City**

**State**

**Zip Code**

**Phone number**

**Email address**

**What is the best way for us to contact you if we have questions?**

Telephone

Email

## **GRIEVANCE BASIS**

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

### **Type of service**

Bus

Dial-A-Lift

Village Vans

Vanpool

Other (please specify below)

**Date of alleged discrimination**

**Time of alleged discrimination**

**Vehicle ID/Route number (if applicable)**

**Location of incident**

If you don't know the answers to the information above, please provide a description of the person who allegedly discriminated against you so we can identify the employee.

**Signature**