



**Duluth Transit Authority/Title VI/ADA
Discrimination Complaint Form**

Note: The following information is needed to assist in processing your complaint.

Information about Complainant:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Person Discriminated Against (if someone other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) _____

National Origin (Specify) _____

Sex _____

Religion _____

Age _____

Disability _____

On what date(s) did the alleged discrimination take place (dates, times, bus number or bus route are helpful)?

Please explain below as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to describe in what way you believe other persons were treated differently than you and why you believe these events occurred. (Please use additional sheets if necessary and attach a copy to written material pertaining to your case).

(Please continue on top of next page.)

List names and contact information of persons who may have knowledge of the alleged discrimination.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Work): _____

How can this/these issue(s) be resolved to your satisfaction?

If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

Name: _____
Name of Business: _____ Position/Title _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s).

Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation. My signature below also authorizes my approval to disclose my name, if needed as part of the DTA inquiry.

Complainant Signature: _____ Date: _____

Attachments: Yes No

Sign and submit complaint form and any additional information to:

Chris Belden, DTA
2402 West Michigan Street
Duluth, MN 55806
(218) 722-4426 ext. 308
cbelden@duluthtransit.com