CONSOLIDATED CIVIL RIGHTS COMPLAINT FORM

Harney Hub Transit
17 S Alder Ave
PO Box 728
Burns OR 97720
Phone: 541-573-3030
Fax: 541-573-6025

Your name	Phone	Alternative phone
Street address	City, State	Zip Code

Person(s) discriminated against (if different than the preparer of this form)		
Street address	City, State	Zip Code

I believe that I (or the person(s) listed above) has been discriminated against on the basis of:					
	Race (title VI)		Color (Title VI)		National Origin (Limited English Proficiency) (Title VI)
	Disability (ADA)				

Please describe the alleged discrimination incident. Provide the names and titles of all employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required. **NOTE: This form consolidates information required by multiple federal civil rights programs. Information will be shared based on the type of discrimination identified above. Title VI of the Civil Rights Act covers Race, Color, and National Origin complaints ONLY. Americans with Disabilities Act covers Disability complaints.**	
Date of Incident:	

Have you filed this complain with any other federal, state or local agency?		YES		NO
If yes, Agency Name				
Agency Address				
Agency Contact Name (if available)				

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Print Name: _____