Discrimination Complaint Form
(Telephone number varies from Department to Department)

Case Number _____________________

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, Palm Tran’s Public Information Supervisor will assist you to do so at a mutually convenient time. Simply call ______________ to make your request. If the Public Information Supervisor assists you in completing the form, you will still need to sign it to validate the information provided.

Are you filing this complaint on your own behalf?  YES ☐ NO ☐
(If you answered YES to this question, go to item 2. If you answered NO to this question, go to item 1.)

1. Please provide the name of the person for whom you are complaining:

Name of complainant  _____________________________________________________________
Street Address    _____________________________________________________________
City, State and Zip Code  ___________________________________________________________
Telephone Number – home (____) _________________ business (_____)____________________

2. Information about the Person discriminated against

Name __________________________________________________________________________
Street Address ___________________________________________________________________
City, State, and Zip Code _________________________________________________________
Telephone Number (____) _________________________________________________________

3. What is the name and location of the person/department that you believe discriminated against you?

Name  _________________________________________________________________________
Street Address __________________________________________________________________
City, State, and Zip Code  _________________________________________________________
Telephone Number (____) _________________________________________________________
4. Which of the following best describes the reason you believe discrimination took place? Was it because of your:

   a. Race, Color, National Origin □
   b. Disability □
   c. Other □

What date did the alleged discrimination take place?

____________________________________________________________________________
(Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible. Be sure to include how other persons were treated differently than you.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
(Use more sheets or the back of this page, if needed)

6. (For internal complaints only) Have you tried to resolve this complaint through internal grievance procedures at Palm Tran? YES □  NO □

(If you answered NO to this question, go to item 8.)

If yes, what is the status of the grievance?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Name and title of the person who is handling the grievance procedure.

Name ___________________________________ Title ________________________________

7. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? (If NO please go to item 10) YES □ NO □

If yes, check all that apply: Federal agency _____ Federal court _____ State court _____ State agency _________ Local agency _____

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

Name ________________________________________________________________

Street Address ______________________________________________________________________

City, State, and Zip Code: ______________________________________________________________________

Telephone Number (_____) ______________________________________________________________________

9. Have you previously filed a discrimination complaint with Palm Tran?

YES □ NO □

If yes, when? Date ______________________________________________________________________

10. Have you filed any other discrimination complaints with Palm Tran?

YES □ NO □

If yes, when and against whom were they filed?

Date ______________________________________________________________________

Agency ______________________________________________________________________

Street Address ______________________________________________________________________

City, State, and Zip Code ______________________________________________________________________

Telephone Number (_____) ______________________________________________________________________
11. Please sign and date this form below. You may attach any written materials or other
information that you think is relevant to your complaint.

________________________________________________________________________________
Complainant’s Signature                                      Date

If this form was completed by someone other than the complainant, please provide information about
who assisted the citizen with this document and why.

________________________________________________________________________________

Please submit this form to: Palm Tran – Attention: Customer Service Administrator
                                Discrimination Complaint
                                50 S Military Trail, Suite 101, West Palm Beach FL 33415
                                (561) 812-5351