



**Discrimination 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?**

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(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.**

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(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?

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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.**

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**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.*

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*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) 649-9848 option 3 ext 3626*