



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?

(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*