



DISCRIMINATION COMPLAINT FORM

The Greene County Transit Board (Greene CATS) is committed to ensuring that no person is excluded from participation in or denied the benefits of these services on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Discrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Your Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party: _____

Please indicate why you believe the alleged discrimination occurred:

Race Color National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)

Gender/Sex Age Disability Low-Income Status Limited English Proficiency

Date, time, and location (bus # if applicable) of alleged discriminatory actions. Please include earliest date, place and most recent date: _____

Please describe the circumstances as clearly as possible. What happened and why you believe you were discriminated against (e.g., race, age, disability etc.): _____

Were there any witnesses? Yes ___ No ___ If yes, provide their name(s) and phone number(s):

What remedy are you requesting? Please be specific: _____

Have you filed this complaint with any other agencies (federal, state, or local)? Yes ___ No ___

Agency: _____ Date filed: _____

Address: _____

Contact Name: _____ Phone Number: _____

**Please provide any additional information that you believe is relevant to this complaint;
attach additional documentation which supports your allegations if needed.** _____

Sign and date this form and send all documents to:

Greene County Transit Board

2380 Bellbrook Ave

Xenia, Ohio 45385

Phone: (937) 708-8322

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

Complainant's Signature: _____ Date: _____

***Note-we cannot accept an unsigned complaint form**