

APPENDIX 4 – CIVIL RIGHTS COMPLAINT FORM

Wichita Falls Transit System

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Instructions: If you would like to submit a Civil Rights complaint to the Wichita Falls Transit System, please fill out the form below and send it to: Wichita Falls Transit System, Attn: AT&T Director, 2100 Seymour Hwy., Wichita Falls, TX 76301. For questions, please contact John Burrus at (940) 761-7640 or email at John.Burrus@wichitafallstx.gov. For a copy of Wichita Falls Transit System's full Civil Rights Plan or Notice to the Public, see our Web site at www.FallsRide.com, or contact Public Transportation at (940) 761-7921 or email Jenny.Stevens@wichitafallstx.gov.

1. Name (Complainant):	2. Phone:	3. Home address (street #, city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:		
5. Location and position of person(s) if known:		6. Date of alleged incident
7. Discrimination because of: (circle one)		
<input type="checkbox"/> Race		
<input type="checkbox"/> Color		
<input type="checkbox"/> National origin		
<input type="checkbox"/> ADA		
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.		
PLEASE COMPLETE PAGE 2 OF THIS FORM		

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ADDITIONAL INFORMATION:

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):

Name:

Job Title:

Address:

Phone number:

Date of Complaint	Complainant Name (print)	Complainant Name (signature)