Civil Rights Complaint Form

Name:___________________________________________________________________________________

Street Address ____________________________________________________________________________

City: ______________________________________  State: _______________________ Zip: _____________

Phone: ____________________________________ Alt Phone:_____________________________________

Email Address: ____________________________________________________________________________

Accessible format requirements (Please check)  □ Large Print  □ TDD  □ Other ______________________

Are you filing this complaint on your own behalf?  □ Yes  □ No

If “yes” proceed to next section, if you answered “No” to this question please describe your relationship to
the person for whom you are filing and why you are filing for a third party: ___________________________

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Have you obtained permission to file this complaint on his or her behalf?  □ Yes  □ No

Which of the following best describes the discrimination that took place (circle all that apply):

Race     Color     National Origin     Disability     Age     Sex     Other: _____________________________

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About the Incident: Date: _________ Time: _________ Route: _____ Vehicle #: _____ In/Outbound: _____

Location: _____________________ Driver/Transit Employee (name or describe): ______________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the names and contact information of any witnesses. If more space is needed, please use the back of this form.

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Have you previously filed a Discrimination complaint with the City of Wichita Transit?  □ Yes  □ No

Have you filed the complaint with any other federal, state or local agencies or with any federal or state court?  □ Yes  □ No

If yes, Please check all that apply:
Federal Agency: _____  State Agency: _____  Local Agency:_____  Federal Court:_____  State Court:_____

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:_________________________________________               Case#___________________________
Title:__________________________________________                                         (If applicable)
Agency:________________________________________
Address:_______________________________________
Telephone:_____________________________________

***You may attach any written material or other information that you think is relevant to your complaint.

_________________________________________   _______________________
Signature                                                 Date

Mail or Email completed form and any attachments to:
Wichita Transit, Attn: Transportation Coordinator, 777 E. Waterman, Wichita, KS 67202  wichitatransit@wichita.gov

Complaints will be investigated within 60 days of receipt, findings will be sent to complainant.

*Additional time will be communicated to complainant if necessary.