



## Civil Rights Complaint Form

Please describe incident (continued):

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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.

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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](mailto: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.