



Discrimination Complaint Form

The Casa Grande LINK transit service is committed to ensuring that no person is excluded from participation in or denied the benefits of its service on the basis of race, color, or national origin (including Limited English Proficiency), as provided by Title VI of the Civil Rights Act of 1964, as amended, or on the basis of age, sex/gender, ability, gender identity or expression, and sexual orientation as provided by other civil rights statutes. Complaints must be filed within 180 days of the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the City of Casa Grande Transit Manager by calling (520) 509-6903. The completed form must be returned to the City of Casa Grande, Attn: Transit Manager, 510 E. Florence Blvd, Casa Grande, Az 85122 or by email to deborah_brunner@casagrandeaz.gov.

Your Name:	Phone:
Street Address:	Alt Phone:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City+G6:H10, State & Zip:	
Date of Incident:	

Which of the following best describes the reason for the alleged discrimination? *(Check all that apply)*

Title VI Protections

Race: _____

Color: _____

National Origin (LEP): _____

Other Civil Rights Statutes

Age: _____

Ability : _____

Sex/Gender: _____

Sexual Orientation: _____

Gender Identity/Expression: _____

Please describe the alleged discriminatory incident. Provide the names and titles of all transit service employees and/or others involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agency? *(Circle one)* YES
NO. If YES, list agency(s) and contact information below:

#1 Agency

Contact Name

Street Address, City, State & Zip

Phone

#2 Agency

Contact Name

Street Address, City, State & Zip

Phone

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

Print or Type Name of Complainant
