Discrimination Complaint Form Title VI, ADA, and other Protected Classes

Any person may file a complaint of discrimination on the basis of race, color, national origin (Title VI), disability (ADA), or other protected class by submitting a complaint within 180 days of the alleged discriminatory act.

If you have questions, please contact Customer Service at (253) 581-8000 or the Civil Rights Officer crofficer@piercetransit.org.

• Accessibility and Limited-English Proficiency: If you need assistance filing a complaint in an accessible format or a language other than English, contact Customer Service (253) 581-8000 or TTY 711 for deaf/blind customers.

Email the completed form to crofficer@piercetransit.org or mail it to: Pierce Transit, ATTN: Civil Rights Officer, 3701 96th St. SW, P.O. Box 99070, Lakewood, WA 98496-0070 or use the Online complaint form by clicking HERE

| I have been discriminated against on the basis of: (Select all that apply) | | | | | | | | | |
|--|-------------|------------------|----------------------|--|---|---------------------|------|--|--|
| Race | Color | National Ori | gin, including Limit | ed English Proficiency | Disability C | Other | | | |
| Name | | | | | What is the best way for us to contact you: | | | | |
| Address | | | | | Phone | e Email | | | |
| City/Town | | | State | Zip Code | Thom | . Liliuli | | | |
| Phone | | | Email | | | | | | |
| Date of alle | eged discr | imination: | | | | | | | |
| Route # | | Vehicle# | Location | | Time | | | | |
| • | | | • • | you believe you were or contact information. | discriminated agains | t. Describe all per | sons | | |
| If you are fil | ing a com | plaint on behalf | of another individu | ual, do you have their pe | rmission to file a com | nplaint? Yes | No | | |
| Have you file | ed this cor | nplaint with any | other Federal, Sta | te, or local agency, or wi | th any Federal or Stat | te court? | | | |

You may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor — TCR 1200, New Jersey Avenue, SE Washington, DC 20590, or call 888.446.4511.

If so, please provide the date filed and agency name.

Agency Name

Date

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| I have beer | n discrimi | nated against on the basis of: (Select all | l that apply) | | | |
|-------------|------------|--|----------------|--------------|----------------------------|--|
| Race | Color | National Origin, including Limited Engli | sh Proficiency | Disability O | Other | |
| Name | | | | What is the | e best way for us to u: | |
| Address | | | | Phone | Email | |
| City/Town | | State Zi _l | p Code | | | |
| Phone | | Email | | | | |

Date of alleged discrimination:

Route # Vehicle# Location Time

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved, including witness names and their contact information.

If you are filing a complaint on behalf of another individual, do you have their permission to file a complaint?

Yes No

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? If so, please provide the date filed and agency name.

Date Agency Name

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