



Discrimination Complaint Form

Title VI and ADA

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	☐ Large Print	☐ Audio
	☐ TDD	☐ Other
Section II:		
Are you filing this complaint on your own behalf?	☐ Yes*	☐ No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	☐ Yes	☐ No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
☐ Race	☐ Color	☐ National Origin
☐ Disability		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Name of Section IV:		
Have you previously filed a Discrimination Complaint with this agency?	☐ Yes	☐ No
If yes, please provide any reference information regarding your previous complaint.		

Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
☐ Yes ☐ No		
If yes, check all that apply:		
☐ Federal Agency: _____		
☐ Federal Court: _____		☐ State Agency: _____
☐ State Court: _____		☐ Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: _____		
Section VI:		
Name of agency complaint is against: Hood River County Transportation District (dba Columbia Area Transit – CAT)		
Name of person complaint is against: _____		
Title: _____		
Location: 224 Wasco Loop, Hood River, Oregon 97031		
Telephone Number (if available): (541)386-4202		

You may attach any written materials or other information that you think is relevant to your complaint.
Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Hood River County Transportation District (dba Columbia Area Transit – CAT)
Amy Schlappi, Executive Director
224 Wasco Loop, Hood River, Oregon 97031
Phone: (541)386-4202
Email: Amy@catransit.org

An online version of this form can be found online at **www.ridecatbus.org**