

CONSOLIDATED CIVIL RIGHTS COMPLAINT FORM

*Carbon County Community Transit
Civil Rights Office, 1060 Lehigh Street, Allentown, PA 18103; 610-435-4052*

Your Name	Phone	Alternative Phone
Street Address	City, State	Zip Code

Person(s) discriminated against (if different than the preparer of this form)		
Street Address	City, State	Zip Code

I believe that I (or the person(s) listed above) has been discriminated against on the basis of:					
	Race		Color		National Origin (Limited English Proficiency)
	Sex		Disability		Economic Status

Please describe the alleged discrimination incident. Provide the names and titles of all CCCT employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required.	
Date of Incident:	

Have you filed this complaint with any other federal, state, or local agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, Agency Name				
Agency Address				
Agency Contact Name (if available)				

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Print Name: _____