

St. Bernard Transit Civil Rights Complaint Form

I believe that I (and/or someone) have been discriminated against on the basis of (Please Circle all that Apply):

Race/Color/National Origin Disability Non-Applicable Other: _____

I believe that a public transit provider has failed to comply with the following program requirements (Please Circle all that Apply):

Disadvantaged Business Enterprise External Equal Employment Opportunity Not Applicable

Other: _____

Contact Information

Name: _____ Phone: _____

Address: _____

Email: _____

If you are filling out the form on behalf of someone, please provide the following information:

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship of Person for Whom You Are Complaining:

Have You Received the Individual's Permission to File a Complaint on His/Her Behalf? _____

Have You Previously Filed a Civil Rights Complaint with either St. Bernard Transit or the FTA?

If Yes, Please Provide the Date of the Complaint _____

Have You Filed This Complaint with Any of the Following Agencies?

(Please Circle All That Apply) St. Bernard Transit Department of Transportation

Department of Justice Equal Employment Opportunity Commission Other _____

If Yes, Please Attach a Copy of Any Response You Received to Your Previous Complaint.

Have You Filed a Lawsuit Regarding This Complaint? _____

If Yes, Please Provide the Case Number and Attach Any Related Material

If You Have Trouble With This Form, Please Indicate Your Preferred Complaint Format (Please Circle):

Large Print TTY/Relay Audio Recording Other _____

Date of Incident: _____ Time of Incident: _____

Driver Involved (If Unknown, Description): _____

Description of Complaint: _____

May We Contact You for More Info? Yes No If Yes, Preferred Method: _____

May We Release Your Identity and a Copy of Your Complaint to the FTA? _____

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please Sign Here: _____

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please mail this completed form to:

St. Bernard Transit
Attention: Civil Rights Complaints
8201 West Judge Perez Drive
Chalmette, LA 70043