

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