



## Discrimination Complaint Form

Case Number \_\_\_\_\_

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you cannot complete the form personally, Palm Tran's Customer Service Supervisor will assist you at a mutually convenient time. Call 561-841-4287 to make your request. If the Palm Tran's Customer Service Supervisor assists you in completing the form, you must still sign it to validate the information provided.

**Are you filing this complaint on your behalf?**      **YES** \_\_\_\_      **NO** \_\_\_\_

(If you answered YES to this question, go to item 2. If you answered NO to this question, go to item 1.)

### 1. Please provide the name of the person to whom you are complaining:

Name of complainant \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number – home (\_\_\_\_) \_\_\_\_\_ business (\_\_\_\_) \_\_\_\_\_

### 2. Information about the Person discriminated against:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

### 3. What is the name and location of the person/department you believe discriminated against you?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**4. Which of the following best describes why you believe discrimination occurred?**

**Was it because of your:**

- A. Race
- B. Religion
- C. National Origin
- D. Color
- E. Sex (including gender, pregnancy, and sexual orientation)
- F. Disability

**5. What date did the alleged discrimination take place?**

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(Must be within the past 180 days)

**6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Be sure to include how other persons were treated differently than you.**

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(Use more sheets or the back of this page, if needed)

**7. Have you filed this complaint with any other federal, state, or local agency or federal or state court? (If NO, please go to item 10) YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, circle all that apply:

- A. Federal agency
- B. Federal court
- C. State court
- D. State agency
- E. Local agency

**8. Please provide information about a contact person at the other agency/court where the complaint was filed.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**9. Have you filed any other discrimination complaints with Palm Tran?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, when and against whom were they filed?

Date \_\_\_\_\_

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_



**10. If this form was completed by someone other than the complainant, please provide information about who assisted the citizen and why.**

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**11. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

*Please submit this form to Palm Tran – Attention: Customer Service Administrator.*

*Discrimination Complaint  
50 S. Military Trail, Suite 101  
West Palm Beach, FL 33415*

