

# COMMUNITY TRANSIT OF WATERTOWN/SISSETON, INC TITLE VI - COMPLAINT FORM

205 1st Avenue NE \* Watertown, SD 57201 \* Phone 605-882-5287, Fax 882-5174

1. Name (Complainant)

2. Phone

3. Home address (street no., city, state, zip)

4. If applicable, name of person(s) who allegedly discriminated against you

5. Location and position of person(s) if known

6. Date of Incident

7. Discrimination because of



Race/Color

Sexual orientation

Vietnam era veteran

National/Origin

Marital status

Disabled veteran

Creed/religion

Age

Retaliation

Disability

Sex (includes sexual harassment)

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.