Oak City Cares, Inc.

DISCRIMINATION COMPLAINT FORM

Any person who believes that he/she has been subjected to discrimination based upon race, color, creed, sex, age, national origin, or disability may file a written complaint with Oak City Cares, Inc., within 180 days after the discrimination occurred.

Last Name:	First Name:	☐ Male ☐ Female

Mailing Address:	City	State	Zip

Home Telephone:	Work Telephone:	E-mail Address

Identify the Category of Discrimination:

☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN ☐ SEX

☐ CREED (RELIGION) ☐ DISABILITY ☐ LIMITED ENGLISH PROFICIENCY ☐ AGE

**NOTE: Title VI bases are race, color, national origin. All other bases are found in the "Nondiscrimination Assurance" of the FTA Certifications & Assurances.*

Identify the Race of the Complainant

☐ Black ☐ White ☐ Hispanic ☐ Asian American

☐ American Indian ☐ Alaskan Native ☐ Pacific Islander ☐ Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals responsible for the discriminatory action(s):

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you**. (Attach additional page(s), if necessary).**

The law prohibits intimidation or **retaliation** against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

Name	**Address**	**Telephone**
1.		
2.		
3.		
4.		

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Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- ☐ NC Department of Transportation _____
- ☐ Federal Transit Administration _____
- ☐ US Department of Transportation _____
- ☐ US Department of Justice _____
- ☐ Federal or State Court _____
- ☐ Other _____

Have you discussed the complaint with any Oak City Cares, Inc. representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

_____	_____
COMPLAINANT'S SIGNATURE	**DATE**

MAIL COMPLAINT FORM TO:

Kathy Johnson
OAK CITY CARES, INC.
1430 S Wilmington St
Raleigh, NC 27603
Kathy.johnson@oakcitycares.org
(984) 344-9605

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: ☐NCDOT ☐FTA Date Referred:_____