CIVIL RIGHTS GRIEVANCE FORM

Name: _______________________
Address: ______________________
City, State and Zip Code: ____________________________________________________
Telephone No: __________________
Email Address: __________________

Program, Service, or Activity to which access was denied or in which alleged discrimination occurred:
___ Recruitment   ___ Selection  ____ Promotion  ____ Termination  ___ Transfer
___ Layoff   ___ Compensation  ___ Training  ____ Benefits  _____ Service  ____ Other
(Identify)

Date of Alleged Discrimination: _______

Nature & Description of Alleged Discrimination: _______________________________
________________________________________________________________________
________________________________________________________________________

___ Age    ___ Color  ___ Religion  ___ Sex  ____ National Origin ___ Disability
___ Military  ___ Race  ____ Sexual Harassment

Responsible Person: ______________________________
Witness: ______________________________

I certify that I am qualified eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

________________________________________                 ___________
Signature                                                                 Date

Please submit the completed signed form to Susanne Watson (Watson@Ozark.org), EEO Counselor, Ozark Regional Transit 2423 East Robinson, Springdale, AR 72764 or fax 756 2901. It is the policy of the Ozark Regional Transit to provide assistance in filling out this form upon request.

Status: _____ ORT Applicant _____ ORT Employee _____ ORT Customer
 _____ Vendor Applicant _____ Vendor Employee