

FORMAL COMPLAINT OF DISCRIMINATION AT BLUE WATER AREA TRANSIT

PRIVACY ACT STATEMENT (6 USC 552a)

Authority: Title VII of the Civil Rights Act of 1964

Principle Purpose: For formal filing of allegation(s) of discrimination because of race, color, religion, sex, handicap, age, national origin or reprisal related to hiring/employment, promotion, worksite, discipline, termination, services rendered, etc.

Routine Uses: This form and the information on it may be used as a data source for complaint information for investigation and resolution efforts and for production of summary descriptive statistics and analytical studies of complaints processing.

Disclosure: Voluntary.

1. NAME OF COMPLAINANT (<i>Last, First, Middle Initial</i>)	2. TITLE OF YOUR CURRENT POSITION
3a. HOME & CELL TELEPHONE NUMBERS (<i>Including Area Code</i>)	4. ADDRESS (<i>Include City, State, and Zip Code</i>)
3b. WORK TELEPHONE NUMBER (<i>Including Area Code</i>)	
5. DATE & TIME OF THE MOST RECENT ACT OF ALLEGED DISCRIMINATION	6. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> a. Yes (<i>Complete Box 7</i>) <input type="checkbox"/> b. No
7. IF YOU ANSWERED YES IN BLOCK 6, PROVIDE NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL OF REPRESENTATIVE (<i>Include City, State, and Zip Code</i>)	8. PLACE WHERE THE ALLEGED DISCRIMINATION TOOK PLACE (<i>e.g., on bus, in garage, in office, etc. Include address</i>)

9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (*Check all that apply*)

<input type="checkbox"/> a. RACE (<i>State your race</i>) _____	<input type="checkbox"/> f. AGE (<i>Specify date of birth</i>) _____
<input type="checkbox"/> b. COLOR (<i>State your color</i>) _____	<input type="checkbox"/> g. DISABILITY <input type="checkbox"/> PHYSICAL _____ <input type="checkbox"/> MENTAL _____
<input type="checkbox"/> c. RELIGION (<i>State your religion</i>) _____	
<input type="checkbox"/> d. NATIONAL ORIGIN (<i>State your national origin</i>) _____	<input type="checkbox"/> h. REPRISAL (<i>Enter dates of prior EEO activity</i>) _____
<input type="checkbox"/> e. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> i. SEXUAL ORIENTATION

10. I HAVE DISCUSSED MY COMPLAINT WITH THE EEO OFFICER (<i>See reverse side</i>) <input type="checkbox"/> a. YES (<i>Complete 11</i>) <input type="checkbox"/> b. NO	11. NAME OF EEO OFFICER/CONTACT	12. DATE FINAL INTERVIEW
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13. Explain specifically how you were discriminated against (That is treated differently from other employees or applicants because of your race, color, religion, sex, national origin, age, mental or physical handicap, or reprisal. (If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific, factual information in support of each. (Use additional sheets as needed).

14. List in Item 17 the names of your witnesses and what factual information each will be expected to contribute through his/her testimony to the investigation of your complaint.

15. What specific corrective action do you want taken on your complaint (If more than one allegation is being made state overall corrective action desired and the specific corrective action desired for each separate allegation .

17. REMARKS

18. SIGNATURE OF COMPLAINANT

19. DATE COMPLAINT FORM WAS SIGNED

FORMAL COMPLAINT OF DISCRIMINATION cont.

READ INSTRUCTIONS CAREFULLY

This form should be used only if you, as an applicant for Blue Water Area Transit (BWAT) employment or a BWAT employee, think you have been discriminated against due to race, color, religion, sex, national origin, age, handicap, or reprisal by BWAT and have presented the matter for informal resolution to the Equal Employment Opportunity Officer within 45 calendar days of the date the incident occurred or, if a personnel action, within 45 calendar days of its effective date.

Your complaint must be filed within 15 calendar days of the date of your final interview with the Equal Employment Opportunity Officer. If the matter has not been resolved to your satisfaction within 30 calendar days of your first interview with the Equal Employment Opportunity officer and the final interview has not been completed within that time, you have the right to file a complaint at any time thereafter up to 15 days after the final interview.

These time limits may be extended if you show that you were not notified of the time limits and were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits, or for other reasons considered sufficient by the agency.

If you need help in the preparation of your complaint, you may contact the BWAT Equal Employment Opportunity Officer.

You may have a representative of your own choosing at all stages of the processing of your complaints. You will have an opportunity to talk with the BWAT Equal Employment Opportunity Officer and present all the facts which you believe show discrimination.

After the investigation of your complaint has been completed, you will be furnished a copy of the Report of Investigation.

The final decision (in writing) will be made by the head of the agency or his or her designee.

If you are not satisfied with the final agency decision, you have the right to appeal that decision within 30 calendar days after receipt to the Equal Employment Opportunity Commission, Office of Federal Operations, P.O. Box 19848, Washington, DC 20036.

If your complaint is based on *race, color, religion, sex, national origin, age, handicap, or reprisal*, you may file a civil action in an appropriate U.S. District Court within 90 days of receipt of the agency's decision or, if you elect to file an appeal with the Commission, you may still file a civil action in a Federal District Court within 90 days of the Commission's decision if you are dissatisfied with the decision.

If your complaint is based on *race, color, religion, sex, national origin, age, handicap, or reprisal*, you may file a civil action in an appropriate U.S. District Court if you have not received a final agency decision within 180 days of filing your complaint with the agency or if you have not received a final Commission decision within 180 days of filing your appeal with the Commission.

(use for continuation of #13)