

Spokane Transit Title VI Complaint Form

Spokane Transit Authority (STA) does not discriminate in the provision of service on the basis of race, color, or national origin. Any person who believes STA has discriminated against him or her on the basis of race, color, or national origin may file a complaint using this form. STA does not investigate complaints received more than 180 days after the alleged incident.

For more information on STA's commitment to nondiscrimination, or to request a copy of this form in an alternative format due to a disability, contact the STA Ombudsman:

STA Ombudsman
Spokane Transit
1230 W. Boone Ave.
Spokane, WA 99201
(509) 325-6094 (TTY Relay 711)
ombudsman@spokanetransit.com

(Please Type or Print Clearly)

1. Complainant's Name _____

2. Address _____

3. City, State, Zip Code _____

4. Telephone Number: _____ Email: _____

5. Are you the Complainant? ____ Yes ____ No

If no, your name: _____

Relationship to the Complainant: _____

Phone: _____ Email: _____

Does the Complainant know you are filing this complaint? ____ Yes ____ No

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race

b. Color

c. National Origin

7. The date the alleged discrimination took place: _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if needed.

9. Please give the name, mailing address, and telephone number for anyone who witnessed the alleged discrimination.

10. Have you filed this complaint with any other agency or court?

Yes No

If yes, provide name, address, and phone number of contact person at the other agency/court: _____

Complainant's Signature _____ Date _____

You may attach any written materials or other information that you think is relevant to your complaint.

Return completed form and any additional materials to:

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