



## Equal Opportunity Office – Complaint Form

### Instructions:

In compliance with Title VI of the Civil Rights Act, METRO RTA operates its programs and services without regard to race, color, or national origin. If you feel that you have been discriminated against based upon one of these characteristics, you have the right to file a complaint with METRO's Equal Opportunity Office and/or the Department of Transportation.

In addition to those Federal protections, METRO RTA operates its services without regard to age, sex (including sexual harassment), disability, sexual orientation, veteran/disabled veteran status, religion/creed, or retaliation. If you feel you have been discriminated against based upon one of these characteristics, you have the right to file a complaint with METRO's Equal Opportunity Office.

To submit an EEO Complaint to METRO Regional Transit Authority, please fill out this form and send it to: **METRO RTA, Attn: EEO Officer, 416 Kenmore Boulevard, Akron, Ohio 44301**  
You may also fax the form to our **confidential fax line: (216) 937-0190, Attn: EEO Officer.**

For a full copy of METRO's EEO/Title VI procedures, or for questions about this process, please visit [www.akronmetro.org/EEO.aspx](http://www.akronmetro.org/EEO.aspx) or call 330-762-0341, and ask to speak to the EEO Officer.

1. Full Name (Complainant):

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2. Phone (with area code):

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3. Home Address (Street #, City, State, Zip):

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

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5. Specific location where the alleged incident took place:

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6. Date of alleged incident (or date range, if alleged activity took place on more than one date):

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7. Is the alleged activity still on-going?       Yes       No

8. Basis of the alleged discrimination:

Title VI Protected Populations

- Race
- Color
- National Origin

Other Protected Populations

- Sex (including Sexual Harassment)
- Religion/Creed
- Veteran Status
- Sexual Orientation
- Disability
- Age
- Retaliation

9. In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. If more space is needed, please use the back of this form.

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10. Please list below any person(s) we may contact for additional information to support or clarify your complaint, along with their contact info:

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11. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?     Yes     No

If yes, give the approximate date, and check all that apply:    Date \_\_\_\_\_

- Federal Agency     Federal Court     State Agency     State Court     Local Agency

Please provide the name and phone number of the contact person at the agency or court where the complaint was filed:

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12. Please sign below. You may attach any written or other information to your complaint that you think is relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY:

Date Complaint Received: \_\_\_\_\_

Investigator: \_\_\_\_\_