



Greater Cleveland Regional Transit Authority Civil Rights Complaint Form

GCRTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or nation origin, disability, age, religion, gender, and veteran status. All complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact the Office of Equal Opportunity by calling (216) 356-3085. The completed form must be returned to: GCRTA Office of Equal Opportunity, Sr. Manager of Office of Equal Opportunity, 1240 West Sixth Street, Cleveland, OH 44113-1331.

Section I:

Today's Date: _____

Your Name:	
Home Address:	
City, State & Zip Code:	
Telephone No.:	Email Address:

Accessible Format Requirements? Large Print Audio Tape Braille TDD Other _____

Section II:

Law prohibits discrimination on the basis of the categories shown below. Check those categories, which you feel apply to the discrimination you experienced.

- Age Age 40 or over
- Color Color of skin, including shade of skin within group
- Disability Physical or mental disability
- Sex Male or female, masculine or feminine, gender identity and pregnancy
- National Origin National birth site – may also include person's language, accent or race
- Race Belonging to a certain race or because of certain characteristics associated with race
- Religion Religious/Spiritual beliefs
- Retaliation Retaliation **for filing a discrimination complaint** or for opposing illegal discriminatory practices
- Sexual Harassment... Unsolicited and/or unwelcome sexual advances, requests for sexual favors and other verbal or physical harassment of a sexual nature
- Sexual Orientation.... Perceived by others to be in or identified with heterosexuality, homosexuality, bisexuality, etc.
- Veteran Status Service in the Armed Forces

Section III:

Name of the person(s) responsible for the harm you feel you suffered:	Job Title(s) and/or ID Number:
Location(s) of the occurrence(s):	Route No. and/or Bus No.:
Date(s) and time(s) of the occurrence(s):	Direction: Eastbound or Westbound
Brief description of the person(s) (i.e. gender, race, height, etc.):	

Section IV:

What type of harm or discriminatory action was taken against you?

- Accommodation
 Hostile environment
 Service
 Other

If "Other," please specify:

Section VI:

Describe the harm you feel you suffered and how the person(s) you named above are responsible.

Did anyone witness the harm or discrimination you suffered? No Yes

If "Yes," please indicate who and what they witnessed.

Section VI:

What remedy would you like GCRTA to consider?

Section VII:

Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

No Yes

If yes, please provide the contact information at the agency/court where the complaint was filed.

Agency:	Contact Name:
Address:	Telephone Number:
City, State & Zip Code:	

Have you previously filed a Title VI complaint with GCRTA? No Yes

If yes, please describe the complaint?

Please attach any written material or other information that you think is relevant to your complaint.

I affirm that the information contained in this document is true and accurate to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

Please mail this form to:

GCRTA Office of Equal Opportunity
Manager of EEO & ADA Programs
1240 West 6th Street
Cleveland, Ohio 44113-1331