



Casa Grande LINK Transit Service

## Discrimination Complaint Form

The Casa Grande LINK transit service is committed to ensuring that no person is excluded from participation in or denied the benefits of its service on the basis of race, color, or national origin (including Limited English Proficiency), as provided by Title VI of the Civil Rights Act of 1964, as amended, or on the basis of age, sex/gender, ability, gender identity or expression, and sexual orientation as provided by other civil rights statutes. Complaints must be filed within 180 days of the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the City of Casa Grande Transit Manager by calling (520) 509-6903. The completed form must be returned to the City of Casa Grande, Attn: Transit Manager, 510 E. Florence Blvd, Casa Grande, Az 85122 or by email to [deborah\\_brunner@casagrandeaz.gov](mailto:deborah_brunner@casagrandeaz.gov).

Your Name:	Phone:
Street Address:	Alt Phone:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City+G6:H10, State & Zip:	
Date of Incident:	

Which of the following best describes the reason for the alleged discrimination? *(Check all that apply)*

Title VI Protections

Other Civil Rights Statutes

Race: \_\_\_\_\_

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Ability : \_\_\_\_\_

National Origin (LEP): \_\_\_\_\_

Sex/Gender: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity/Expression: \_\_\_\_\_

Please describe the alleged discriminatory incident. Provide the names and titles of all transit service employees and/or others involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Have you filed a complaint with any other federal, state or local agency? *(Circle one)* YES NO. If YES, list agency(s) and contact information below:

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*#1 Agency* *Contact Name*

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*Street Address, City, State & Zip* *Phone*

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*#2 Agency* *Contact Name*

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*Street Address, City, State & Zip* *Phone*

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

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*Complainant's Signature* *Date*

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*Print or Type Name of Complainant*