

St. Lawrence County Public Transit Complaint of Discrimination Form _____

Name: _____ Telephone Number: _____

Address: _____ City: _____ Zip: _____

Basis of Complaint: Race Color National Origin Disability Other _____

Type of Complaint: Program Service Benefit Activity

Who allegedly discriminated against you? Name: _____

Address: _____ Telephone Number: _____

If an organization, what is the name of the organization? _____

Address: _____ Telephone Number: _____

Name of Contact: _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date(s) and time(s) discrimination occurred? First time? _____

Second time? _____ Third Time? _____

Were there any witnesses to the discrimination?

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

What can the bus company do to resolve the complaint?

Have you filed your complaint with anyone else? Who? _____

When? _____ Complaint Number (if known): _____

Do you have an attorney in this matter? Name: _____

Address: _____ Telephone: _____

When did you acquire the attorney? _____

Your Signature: _____ Today's Date: _____

Please submit your complaint to: St. Lawrence County Public Transit, Compliance Officer

Via U.S. Mail: 6 Commerce Lane , Canton NY 13617

Fax: (315) 379-0834

Telephone: (315)279-9531

Email: jclary@slnysarc.org