CCR Title VI and ADA Complaint Form

Name:			
Address:			
City:	State:	Zip Code:	
Were you discrim	inated against because of your (C	Circle all that apply):	
Race		Disability	
Color		National Origin	
Other:			
Date and time of	the alleged incident:		
involved and, if ap	pplicable, the transit route and ve	now you were discriminated against. Indicate whe hicle. Be sure to include the names and contact ded, please use additional pages.	

Have you filed this complaint with any other federal, state or local agency or with any court? Yes / No			
If yes, check and identify all that apply:			
☐ Federal Agency			
Please provide information for a contact person at the Agency or Court where the complaint was filed.			
Name:			
Address:			
City, State, & Zip Code:			
Telephone number:			
Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.			
Signature Date			
Please mail this form to: CC Rider Attn: Transit Director 1155 Deer Island Rd.			

St. Helens, OR 97051