



## West Central Mass Transit District

West Central Mass Transit District's policy is to ensure equal employment opportunities for all without regard to race, color, sex, religion, national origin, age, disability, veteran status, retaliation, sexual orientation, gender identity, genetic information, or any other protected status under state and federal law.

### EQUAL EMPLOYMENT OPPORTUNITY

### TITLE VII COMPLAINT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Where you discriminated against because of:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Race                          | <input type="checkbox"/> Creed       |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Religion    |
| <input type="checkbox"/> Sex                           | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age         |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Other       |

Date of Alleged Incident: \_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include names and contact information of any witnesses.

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

Yes     No

If yes, check all that apply:

- Federal Agency       Federal Court  
 State Agency       State Court  
 Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail this form to:      Equal Employment Opportunity Officer  
West Central Mass Transit District  
1120 W. Walnut  
Jacksonville, IL 62650