



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Equal Employment Opportunity Employee Complaint Form

NAME: _____ EMPLOYEE ID: _____

DEPT: _____ SUPERVISOR: _____

DATE OF HIRE: _____ DATE OF ALLEGED INCIDENT: _____

NATURE OF COMPLAINT (CHECK ALL THAT APPLY):

- RACE RELIGION DISABILITY NATIONAL ORIGIN SEX
 AGE VETERAN STATUS RETALIATION OTHER

(SPECIFY) _____

Has this complaint been discussed with your supervisor? YES NO

If yes, what if any action was taken?

If not, does the EEO/ADA Compliance Officer have permission to do so? YES NO

Has this complaint been filed with an external agency? YES NO

Alleged Discrimination complaint(s) (Be specific. Attach extra sheets if additional space is needed):

Resolution Sought (Be specific):

I affirm that the alleged complaint(s) are true to the best of my knowledge, information, and belief. I will advise the EEO/ADA Compliance Officer of any changes in the situation. I will cooperate fully in the processing of the alleged complaint(s) in accordance with CCRTA procedures.

Employee (Complainant) Signature

Date

Received by

Date