



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Equal Employment Opportunity Applicant/Non-Employee Complaint Form

NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF ALLEGED INCIDENT: _____

NATURE OF BUSINESS TRANSACTION: _____

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 anyone else affiliated with CCRTA?

- YES NO

If yes, what if any action was taken?

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

Alleged Discrimination Complainant(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.

Complainant Signature

Date

Received by

Date