

Civil Rights Complaint Form

If you believe you have been discriminated against by a GoBus employee, you may file a complaint with our Administrative Office using this Civil Rights Complaint Form. Please complete this form, including your signature and date in Section 4. The completed complaint form should be emailed to gobus@hapcap.org with "Civil Rights Complaint Form" included in the subject line. Alternatively, completed complaint forms may be mailed to: GoBus, 3 Cardaras Drive, Glouster, Ohio 45732.

Within your form, please include:

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a GoBus employee has violated your rights, with specifics such as dates and times of incidents.

Section 1 – Basis of Complaint

1. Please tell us why you are filing this complaint.

I believe that I have been (or someone else has been) discriminated against on the basis of:
(select all that apply)

- ☐ Disability
- ☐ Race/ Color/ National Origin
- ☐ Other (e.g. Religion, Sex, Age)

If "Other," specify the type of discrimination you believe occurred:

2. I believe that GoBus has failed to comply with the following program requirements:
(select all that apply)

- ☐ Americans with Disabilities Act (ADA)
- ☐ Title VI of the Civil Rights Act of 1964 (Title VI)

3. Clearly explain what happened and why you believe you were discriminated against. Include specific details such as names, dates, times, route and schedule numbers, locations, and any other relevant information that would assist us in understanding and investigating your allegations.

Section 2 – Contact Information

1. Please provide your contact information in the event that we need to reach you during our investigation.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Section 3 – Additional Complaint Details

1. Are you filing this complaint on your own behalf?
☐ Yes (If "Yes," skip to Section 4)
☐ No
2. Supply the name of the person for whom you are filing this complaint and your relationship to them: _____
3. Have you obtained the permission of the aggrieved person to file this complaint on their behalf?
Yes
No (If "No," please provide an explanation for not having permission)

Section 4 - Signature

Signature: _____ Date: _____