



Discrimination Complaint Form Metro Civil Rights and Inclusion

Metro is committed to ensuring that no person is excluded from participation in or denied the benefits of its services based on race, color, national origin (including English proficiency), disability, sex, gender, sexual orientation, religion, income status, or any other protected class. If you feel you have been discriminated against, please provide the necessary information below to facilitate the processing of your complaint. If you require any assistance in completing this form, please contact the Civil Rights and Inclusion Director by calling (402) 341-0800 voice or (402) 341-0807 TDD or emailing civilrights@ometro.com.

Discrimination complaints must be filed within 180 days from the date of the alleged discrimination. Failure to file a complaint within 180 days will result in the dismissal of your complaint.

The completed form must be returned by email to civilrights@ometro.com or by mail to:

Metro
Attn: Civil Rights and Inclusion Director
2222 Cuming Street, Omaha, NE 68102-4392

Please Print.

Complainant Information

A complainant is the individual or group of individuals alleging discrimination.

Last		First	Middle	
Street Address ()		City	State	Zip
Primary Phone		Secondary Phone		

Email Address _____

Preferred method of communication (Choose One): Email Phone Mail

Do you need accommodations to communicate with us?

Large Print (specify font size: _____) Sign Language (specify language: _____)

Language Interpretation and Translation (specify language: _____)

Other: _____



Person Discriminated Against if other than Complainant:

Last		First	Middle	
Street Address ()		City	State	Zip
Primary Phone		Secondary Phone		
Email Address				

Preferred method of communication (Choose One): ___ Email ___ Phone ___ Mail

Please provide the basis upon which you believe your complaint is based:

- RACE
- COLOR
- NATIONAL ORIGIN (including Limited English Proficiency)
- DISABILITY
- SEX OR GENDER
- SEXUAL ORIENTATION
- RELIGION
- INCOME STATUS
- OTHER _____

Description of the Alleged Discrimination

Metro Service: ___ Fixed-route – Omaha ___ ORBT ___ MOBY ___ Express Route
___ Fixed-route – Council Bluffs ___ Customer Service

Date of Incident: ___/___/___ (month, day, year)

Time of Incident: _____

Location of Incident: _____

If the incident occurred on a bus, please include the bus route, direction of travel, and bus number, if known.



What resolution are you seeking in this situation?

You may attach any written or other information that may be relevant to your complaint.

I affirm that I have read the above information and it is true to the best of my knowledge.

Signature of Complainant (Under 18, Signature of Parent or Guardian) _____ / ____ / ____
Month / Date / Year

Print or Type Name of Complainant _____

Have you filed with any other federal, state or local agency? Yes No

If you answered yes, please list agency / agencies and contact information:

Agency Name _____

Last _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

(____) _____ (____) _____
Primary Phone _____ Secondary Phone _____

Email Address



Regional Metropolitan Transit Authority of Omaha

2222 Cuming Street
Omaha, NE 68102
402.341.0800
TDD: 402.341.0807
Fax: 402.342.0949

ometro.com

Agency Name

Last First Middle

Street Address City State Zip
() ()

Primary Phone Secondary Phone

Email Address

Agency Name

Last First Middle

Street Address City State Zip
() ()

Primary Phone Secondary Phone

Email Address

Date Received: _____
Received BY: _____