



**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](mailto: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](mailto: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.*







**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](http://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: _____