

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

ometro.com

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
C) Primary Phone	ne Secondary Phone		
Email Address			
Preferred metho	od of communication (Choose One):	_Email Phone Mail	
Do you need ac	commodations to communicate with us?		
Large Pr	int (specify font size:)	Sign Language (specify language:)
Langua	ge Interpretation and Translation (specify	language:))
Other:			



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Person Discriminated Against if other than Complainant:

Last	First	Middle	
Street Address () Primary Phone	City (State) ndary Phone	Zip
Primary Prione	Seco	ndary Phone	
Email Address			
Preferred method of con	nmunication (Choose One):	_Email Phone Mail	
 RACE COLOR NATIONAL ORIGI DISABILITY SEX OR GENDER SEXUAL ORIENTA RELIGION INCOME STATUS 	ATION		
Description of the Al	leged Discrimination		
Metro Service:		ORBTMOBY fsCustomer Service	Express Route
Date of Incident:	<u> </u>	(month, day, year)	
Time of Incident:		_	
Location of Incident:		_	
If the incident occurred of	on a bus, please include the bus	route, direction of travel, and bus nur	mber, if known.



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Please explain what happened and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. If you have any other information about what happened, please attach supporting documents, if needed.

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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.

	Lada 40 Olamatura af D	a manufa a n Orra and'a m)		Mauth / Data / Vaa
Signature of Complainant (L	Jnder 18, Signature of P	arent or Guardian)		Month / Date / Yea
Print or Type Name of Com	alainant			
Have you filed with ar	ny other federal, st	ate or local agenc	y? 🗌 Yes	🗆 No
lf you answered yes, pl	ease list agency / ag	gencies and contact	information:	
	ease list agency / a	gencies and contac	information:	
Agency Name	ease list agency / ag	gencies and contac	t information:	
If you answered yes, pl Agency Name Last Street Address		gencies and contact		Zip



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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:	