

Johnson City Transit (JCT) EEO Complaint Form

The purpose of this form is to assist you in filing an EEO complaint against Johnson City Transit (JCT) department of the City of Johnson City. Signed, written complaints should be submitted to:

M. Bradley Osborne, EEO Officer/Transit Planner
Johnson City Transit
137 W. Market Street. Suite #A.
Johnson City, TN 37604
Telephone 423-434-6269 or email jcteeo@johnsoncitytransit.org

Alternatively, and or to file a complaint on the JCT EEO Officer, please contact:

M. Denis Peterson, City Manager
City of Johnson City
P.O. Box 2150
Johnson City, TN 37605
(Telephone: 423/434-6001)

If you are not satisfied with the results of the investigation of your complaint by the City of Johnson City, or you wish to file immediately with another agency, you may use this form to file an EEO complaint with the Civil Rights Division of the Tennessee Department of Transportation, or the Federal Transit Administration. Addresses for these agencies are:

Director, Office of Civil Rights
Federal Transit Administration
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Director of Affirmative Action
Tennessee Department of Transportation
Civil Rights Office
505 Deaderick Street, Suite 1800
Nashville, TN 37243

You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used. **A written complaint must be filed within 180 days after the date of the alleged discrimination**, unless the time for filing is extended by the Federal Transit Administration.

Johnson City Transit will not retaliate against a person who files a complaint, participates in a complaint investigation, or otherwise opposes an unlawful employment practice.

If you need this complaint form/information provided in an accessible format, please indicate: Large Print _____ Audio tape _____ TDD _____ Another language (please specify): _____ Other _____

EEO COMPLAINT INFORMATION

1. * State your name and address.

Name: _____
Address: _____
_____ Zip _____
Telephone No:
Home: (____) _____ Work (____) _____

2. * Person(s) discriminated against, if different from above:

Name: _____
Address: _____
_____ Zip _____
Telephone No:
Home: (____) _____ Work (____) _____
Please explain your relationship to this person(s).

3. * Agency and department that discriminated:

Name: _____
Any individual if known: _____
Address: _____
_____ Zip _____
Telephone No: (____) _____

4. * Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

_____ Race/Color: _____
_____ National origin: _____
_____ Sex: _____
_____ Religion: _____
_____ Age: _____
_____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and or/provide information about your complaint:

Name: _____
Telephone No: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

12. What remedy are you seeking for the alleged discrimination?

13. Have you (or the person discriminated against) filed the same or any other complaints with other Federal offices?

Yes _____ No _____

If yes, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address of agency _____

Zip _____

Telephone No of agency _____)

Date of Filing: _____

Briefly, what was the complaint about?

What was the result?

14. SIGNATURE (*A complaint that has not been signed cannot be accepted.*)

(Signature)

(Date)

Please feel free to attach additional explanatory sheets.