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: _________________________________
Telephone No: _________________________________
Home: (____)________ Work (____)__________

2. * Person(s) discriminated against, if different from above:
   Name: _________________________________
   Address: _________________________________
   Telephone No: _________________________________
   Home: (____)________ Work (____)__________
   Please explain your relationship to this person(s).
   __________________________________________

3. * Agency and department that discriminated:
   Name: _________________________________
   Any individual if known: _____________________
   Address: _________________________________
   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: _________________________________
Address: ___________________________________
______________________________ Zip__________
Telephone No: (____)_________________________

8. * To your best recollection, on what date(s) did the alleged discrimination take place? Earliest date of discrimination: ___________________

Most recent date of discrimination: ________________

9. * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

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10. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

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11. Do you have any other information that you think is relevant to our investigation of your allegations?

________________________________________________________________________________________

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________________________________________________________________________________________
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.