

Tri-County Metropolitan Transportation District of Oregon (TriMet)

1800 SW 1st Ave., Suite 300
Portland, OR 97201

503.962.3453
trimet.org

ORS 659A.403 COMPLAINT FORM*

Under Oregon Revised Statute 659A.403, all persons within the jurisdiction of this state are entitled to full and equal accommodations, advantages, facilities and privileges of any place of public accommodation, without any distinction, discrimination or restriction on account of race, color, religion, sex, sexual orientation, national origin, marital status or age.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternative formats, please let us know.

Complete and return this form to TriMet, Civil Rights Investigator, 1800 SW 1st Ave., Suite 300, Portland, OR 97201.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home): _____ (business): _____

Electronic Mail Address:

5. Are you filing this complaint on your own behalf? _____. If not, please supply the name and relationship of the person for whom you are complaining:

_____.

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your (check any box that applies):

a. Race:

d. Sex:

g. Marital Status:

b. Color:

e. Religion:

h. Age:

c. National Origin:

f. Sexual Orientation:

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

Witness Contact Information: _____

9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes: No:

If yes, check each box that applies:

- | | | |
|---|--|---------------------------------------|
| Federal agency <input type="checkbox"/> | Federal court <input type="checkbox"/> | State agency <input type="checkbox"/> |
| State court <input type="checkbox"/> | Local agency <input type="checkbox"/> | |

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date