

Flint Hills Area Transportation Agency Equal Employment Opportunity Complaint Form

Instructions: Please fill out this form completely in blue/black ink. Sign, date and return to the address on the bottom of the next page. Alternate means of filing a complaint (personal interview, audio recording, alternate language, larger print) will be made available upon request.

Section I: (Complainant information)			
Name:			
Address:			
City, State & Zip:			
Telephone (Home):	Telephone (Mobile):		
Electronic Mail Address:			
Job Title:			
Department (Operations/Maintenance/Admin):			
Years of Employment w/FHATA: _____ Yrs. _____ Mo.			
Immediate Supervisor:			
Section II:			
Who is your complaint against? (please list names/job titles)			

Is your complaint in regard to an FHATA policy or practice? (please explain)			

Complainant believes the discrimination experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Color	<input type="checkbox"/> Creed
<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity	
<input type="checkbox"/> Other (please describe) _____			
Date(s) of alleged discrimination (Month, Day, Year): _____			
Time(s) of alleged discrimination (Time): _____			

Section IV

If the complaint is regarding harassment, have you clearly stated to the harasser that the behavior is unwelcome and asked them to stop before filing this complaint as stated within FHATA harassment policies? (This communication will accomplish two things. First, it will clearly communicate that the impact on the victim is negative. Second, a clear objection will help establish the legal element that the behavior is unwelcome.)

Have you discussed your concerns with your direct supervisor or any FHATA management?

List Person who may have information related to your complaint

Name:	Job Title	Phone	Relationship to you

What resolution would you like to occur?

Signature and date are required below for FHATA to process this complaint. Again, you may attach any written materials or other information that is relevant to your complaint.

Complainant's Signature

Date

**Please submit this form in person or mail this form to:
Flint Hills Area Transportation Agency
Attn: Katey Cain Director of Human Resources/EEO Officer
5815 Marlatt Avenue
Manhattan, KS 66503**