

**OZARK REGIONAL TRANSIT
CIVIL RIGHTS GRIEVANCE FORM**

APPENDIX H

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No: _____

Email Address: _____

**Program, Service, or Activity to which access was denied or in which alleged
discrimination**

occurred: Recruitment Selection Promotion Termination Transfer
 Layoff Compensation Training Benefits Service Other
(Identify)

Date of Alleged Discrimination: _____

Nature & Description of Alleged Discrimination: _____

Age Color Religion Sex National Origin Disability
 Military Race Sexual Harassment

Responsible Person: _____

Witness: _____

I certify that I am qualified eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature

Date

Please submit the completed signed form to Susanne Watson (Swatson@Ozark.org), EEO Counselor, Ozark Regional Transit 2423 East Robinson, Springdale, AR 72764 or fax 756 2901. It is the policy of the Ozark Regional Transit to provide assistance in filling out this form upon request.

Status: ORT Applicant ORT Employee ORT Customer
 Vendor Applicant Vendor Employee