

IV. COMPLAINT FILING CONTACTS

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 all that apply:

[] Federal Agency [] State Agency [] Local Agency [] Federal Court [] State Court

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

Name:

Title:

Agency:

City – State – Zip Code

Telephone:

You may attach any written materials or other information that you think is relevant to your appeal.

Complainant’s Signature

Date

Please submit this form in person at the address below or mail this form to:

Dallas Area Rapid Transit
Diversity Department
ATTENTION: Vice President, Diversity
PO Box 660163
Dallas, TX 75266-7217

OFFICE USE ONLY

Jurisdiction: on or before 90 days post event	
Closure:	
<input type="checkbox"/> 1 – Closure Letter	
<input type="checkbox"/> 2 – Letter of Finding	
<input type="checkbox"/> 3 – Administrative (FC)	
<input type="checkbox"/> 4 – Administrative (CW)	
Appeal: 10 days post date of Closure Letter or Letter of Finding	