

## Instructions

TriMet welcomes all riders to use its service no matter their identity or where they come from. TriMet is dedicated to giving everyone equal access to their facilities and services according to state and federal law.

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 using the contact information on the next page.

If you require assistance completing this form or submitting a complaint, please contact TriMet Customer Service at 503.238.7433. You can also chat with a customer service representative by going to [trimet.org/contact](http://trimet.org/contact)

## Section I - Your Information

Name:	Pronouns (optional):	Phone Number:
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Street Address:

City:	State:	ZIP:	Email:
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## Section II - Aggrieved Party Information (complete ONLY if you are filing this complaint on behalf of someone else)

Have you obtained permission from the aggrieved party to file this complaint on their behalf?  Yes  No

Name of the Aggrieved Party:	Pronouns (optional):	Relationship to you:
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Please explain why you are filing this complaint for a third party:

## Section III - Complaint Details

I believe the discrimination I/the aggrieved party experienced was based on (check all that apply):

Race  Color  National Origin  Sex  Religion  Sexual Orientation  Marital Status  Age  Disability  Gender

Date of Occurrence:	Approximate Time of Occurrence:
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Location of Occurrence (City and County):

In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory (if you need additional space please use page 3 of this form):

**Section IV – Witnesses**

Are there any persons who witnessed the alleged discrimination?  Yes  No

If Yes, and they would like to provide a statement, please provide their name and contact information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Section V – Previous filing(s)**

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

If Yes, check each box that applies:

Federal Agency  Local Agency  State Agency  Federal Court  State Court  Other: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Section VI – Signature(s)**

**Signature of Complainant:**

**Date:**

**Signature of Preparer:**

**Date:**

(Official Use Only)

PAI TEAM :

Complaint received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Verified by: \_\_\_\_\_

Title VI: YES/NO

(date)

Other Category: YES/NO

(date)

**You may submit this form via email, mail, or fax.**

**Mail:**

TriMet  
Public Access & Innovation Division  
101 SW Main St. Ste 700  
Portland, Oregon 97204

**Email:**

civilrightscomplaints@trimet.org

**Subject:**

[Your Name] / Complaint Form

**Fax:**

503-962-3453

Additional Space for information about regarding the alleged discrimination: