

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.

Please complete this form with as much detail as possible to assist us in processing your complaint.

If you require assistance completing this form, please contact TriMet Customer Service at 503.238.7433. You can also chat with a customer service representative by going to trimet.org/contact

Section I – Your Information

Name:		Pronouns (optional):	Phone Number:
Street Address:			
City:	State:	ZIP:	Email:

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:
------------------------------	----------------------	----------------------

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

**Title VI protected class*

Date of Occurrence:	Approximate Time of Occurrence:
---------------------	---------------------------------

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 file 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:

civilrights@trimet.org

Subject:

[Your Name] / Complaint Form

Fax:

503-962-3453

Additional Space for information about regarding the alleged discrimination: