

**Seneca Nation of Indians
Seneca Transit System**

**Non-Discrimination
Complaint Form**

Complainant's Name: _____

Address:

City, State, Zip:

Phone: _____ E-mail: _____

Person discriminated against (if someone other than complainant): _____

Which of the following best describes the reason you believe the discrimination took place:

_____ Race

_____ Color

_____ National Origin

Incident Information

Date: _____ Time: _____ Location: _____

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Use the back of this form if additional space is required.

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's signature: _____ Date: _____