

Town of Oro Valley Transit Services Division



Discrimination Complaint Form

Information for Parties Seeking to File a Complaint of Discrimination

Enclosed please find a discrimination complaint form, for your completion. The following information is provided in an effort to assist you with the completion of the form, which will, in turn, assist this office with the required follow-up concerning your complaint.

- Please read these instructions prior to completing the enclosed form.
- Assess if your complaint clearly articulates that a discriminatory practice and/or act has occurred against you. It is necessary to show that persons of a different group than yours (race, religion, color, sex, age, national origin, disability, sexual or affectional preference, or marital status) have been treated in a manner different from you and that the difference in treatment has had a negative impact on your employment or in the refusal or restriction of a facility or service. Note: The ADOT Civil Rights Office will only investigate allegations of discrimination which fall under: race, color, national origin or disability.
- Complete all sections of the applicable complaint form and either print or type the complaint information. In completing the form, please provide clear and concise information when describing the alleged discriminatory practice(s) and/or act(s); the dates of the alleged discriminatory practice(s) and/or act(s); and witnesses to such practice(s) and/or act(s). Incomplete forms will be returned without further processing.
- Please submit the completed form to the Town of Oro Valley Transit Services Division at the address shown below. Your complaint will be reviewed by the regional discrimination review process (Sun Tran). Please note that the review process may take several weeks. You will be notified of the status of your complaint.
- Should you have any additional questions regarding the complaint form, you may contact a Transit Crew Leader at Sun Shuttle Dial-a-Ride.

Return your completed form to:

Town of Oro Valley
Transit Service Division
11000 N La Cañada Dr
Oro Valley, AZ 85737

1. General information: (* required fields)

Name*:		
Address*:		
City:		
State:		
Zip*:		
Telephone*:	Home: ()	Work: ()
Best time to call:		
E-mail*:		

Person(s) to contact if we cannot reach you:

Name*:		
Address:		
City:		
State:		
Zip:		
Telephone*:	Home: ()	Work: ()
Relationship to you*:		

3. Is this complaint relative to: (select one)

Employment Public Accommodation Services

4. Who was discriminated against? Yourself Someone else

If someone other than yourself please include:

Person's Name*:		
Address:		
City:		
State:		
Zip:		
Telephone*:	Home: ()	Work: ()
Relationship to you (e.g. son or daughter):		

If the person discriminated against is age 18 or older, we will need that person's signature before we can proceed with this complaint. If the person is a minor, and you do not have legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

5. On what basis were you discriminated against? (You may select more than one.)

Note: The ADOT Civil Rights Office will only investigate allegations of discrimination which fall under: race, color, national origin or disability.

City:			
State:			
Zip:			
Telephone*:	Home: ()	Work: ()	
Relationship to you (e.g. son or daughter):			

9. Have you tried to resolve the complaint through Sun Shuttle Dial-a-Ride's complaint process or with another Oro Valley department?

Yes No

Contact's Name*:			
Contact's Telephone*:		Date Filed:	
If yes, what is the current status of the complaint?			

10. Have you filed a complaint with another agency? Yes No
 Please attach copies of any available documentation relating to this complaint.

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

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