

GGFT Anti- Discrimination Complaint Form

Name: _____

Address: _____

City/State/ZIP: _____

Telephone No(s): _____

How do you feel you were discriminated against (check)

Race National Origin Color ADA

Other (please explain): _____

Date of alleged incident: _____

Please explain as clearly as possible what happened and how you feel you were discriminated against. Please indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of this form:

Is there a particular remedy that you seek? If so please describe:

Have you filed this complaint with any other agency? ___YES ___ NO

If YES please provide information in the form of a contact person at any other agency where this complaint has also been filed

Name of Agency: _____

Agency contact person: _____

Address / Telephone No. _____

Please sign and date below. You may attach any additional written information that you feel is relevant to this complaint.

Signature

Date

Please mail/submit this completed to:

GGFT Director of Transportation

Greater Glens Falls Transit

495 Queensbury Ave.

Queensbury, NY 12804

518-792-1086