

Section I: EEO Complaint Form		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format Requirements	Large Print TDD	Audio Tape Other
Section II:		
Are you filing this complaint on your own behalf?	Yes*	NO
*If you answered "yes" to this question, go to Section III		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party: _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No

Section III:
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Income <input type="checkbox"/> Disability <input type="checkbox"/> Other
Date of Alleged Discrimination (Month, Day, Year): _____
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____

Have you previously filed an EEO complaint with this agency? Yes / No

Section IV:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____ State Agency _____

State Court _____ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section V

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date required below

Signature

Date

Please mail this form to:
MCTA, EEO Officer
P.O. Box 339
Scotrun, PA 18355

(or deliver in person at:)
MCTA
134 MCTA Drive
Swiftwater, PA 18370