



Detroit Transportation  
Corporation

# EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION COMPLAINT FORM

Acts of unlawful employment discrimination among DTC employees or applicants for employment with DTC are inappropriate and is a violation of DTC's EEO Policy and will not be tolerated. We encourage any employee or applicant for employment to bring to DTC's attention any possible violations of the DTC's EEO policy.

If you need an ADA accommodation and/or language interpretation services in completing this form, please contact the DTC EEO Officer at email:

[EEOfficer@thepeoplemover.com](mailto:EEOfficer@thepeoplemover.com)

Please read this form carefully. Type or print your answers. Answer each question as completely as possible. If you cannot fit your whole answers in the space on this form, you may add more pages.

## Complainant's Information

**Name of Complainant:**

## Complainant's Contact Information

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Respondent's Information

**Name of Respondent:**

## Respondent's Contact Information

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name of DTC's Department where complainant works:**

**Name of DTC's Department where Respondent works:**

**Location of the Incident:**

- 11 What is the most convenient time and place for us to contact you about this complaint?



- 2|** To your best recollection, on what date(s) did the discrimination take place?  
Date of first occurrence: \_\_\_\_\_  
  
Date of most recent occurrence: \_\_\_\_\_
- 3|** Explain as briefly and clearly as possible what happened and how you are discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, please attach any written material pertaining to your case.
- 4|** Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check all that apply)  
Race: Specify \_\_\_\_\_ Disability: Specify \_\_\_\_\_  
Color: Specify \_\_\_\_\_ Gender Identity: Specify \_\_\_\_\_  
Religion: Specify \_\_\_\_\_ Age: Date of Birth: \_\_\_\_\_  
National Origin: Specify \_\_\_\_\_ Reprisal/Retaliation: Specify \_\_\_\_\_  
Sex: Specify Male or Female \_\_\_\_\_ Other: Specify \_\_\_\_\_
- 5|** Why do you believe these events occurred?
- 6|** What other information do you think is relevant to our investigation?
- 7|** If this complaint is resolved to your satisfaction, what remedies do you seek?



- 8|** Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name	Contact Phone Number

- 9|** Have you previously filed a complaint about these issues with DTC?

☐ Yes ☐ No

If yes, please provide any pertinent information about that complaint, such as: the type of complaint, the date of complaint, the status of the complaint, any corrective action taken, etc.

- 10|** Have you filed a complaint about these issues with any other federal, state, or government agency? ☐ Yes ☐ No

If yes, provide (1) the name of the agency, (2) the name and phone number for your contact at the agency, and (3) the status of your complaint at the agency.

- 11|** Has a member of the management been notified? ☐ Yes ☐ No

Please provide any comments:

No hardship, no loss of benefit, and no penalty may be imposed on any employee or applicant for employment as punishment for: filing or responding to a bona fide complaint of discrimination or harassment, appearing as a witness in the investigation of a complaint, or serving as an investigator. Retaliation or attempted retaliation of this kind is a violation of DTC's Equal Employment Opportunity (EEO) Policy and will be subject to severe disciplinary action.

While investigations are confidential, to the extent possible, individuals other than the immediate parties may be contacted during the fact-finding process. Everyone contacted is required to cooperate fully and to refrain from discussing the case outside the formal process.

Please Print Your Name:

Date:

Your Signature:

Email or mail a copy of this completed complaint form, along with any supporting documents, to:

**Detroit Transportation Corporation (DTC)**

Attention: EEO Officer

500 Griswold St., Suite. 2900

Detroit, MI 48206

[EEOfficer@thepeoplemover.com](mailto:EEOfficer@thepeoplemover.com)