



# TRPTA

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TARGHEE REGIONAL PUBLIC TRANSPORTATION AUTHORITY  
1810 W. BROADWAY #7, IDAHO FALLS, ID 83402-5072  
Phone: (208) 535-0356 Fax: (208) 524-0216

## DISCRIMINATION COMPLAINT FOR Title VI/ADA

<b>Section I:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
E-Mail Address:			
Accessible Format Requirements?	Large Print		<b>Audio Tape</b>
	TDD		<b>Other</b>
<b>Section II:</b>			
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
<b>Section III:</b>			
My Complaint is based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex	
<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Familial Status	
<input type="checkbox"/> Other			
Date of Alleged Complaint (Month, Day, Year): _____			
Explain as clearly as possible what happened. Describe all persons who were involved. Include the name and contact information of the person(s) who were involved (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  _____			
<b>Section V:</b>			
Have you previously filed a complaint with this agency?		Yes	No
<b>Section VI:</b>			

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VII:</b>	
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 submit this form in person at the address below, or mail this form to:

**TRPTA**

Attn: Varinia Foster ([Varinia.trpta@gmail.com](mailto:Varinia.trpta@gmail.com)) ext.118

or

Attn: Melissa Cheke ([Melissa.trpta@gmail.com](mailto:Melissa.trpta@gmail.com)) ext. 119

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