ORS 659A.403 COMPLAINT FORM*

Under Oregon Revised Statue 659A.403, all persons within the jurisdiction of this state are entitled to full and equal accommodations, advantages, facilities and privileges of any place of public accommodation, without any distinction, discrimination or restriction on account of race, color, religion, sex, sexual orientation, national origin, marital status or age.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternative formats, please let us know.

Complete and return this form to TriMet, Director of Diversity and Transit Equity, 1800 SW 1st Ave., Suite 300, Portland, OR 97201.

1. Complainant's Name: ____________________________________________________________

2. Address: ________________________________________________________________

3. City: __________________ State: ______ Zip Code: ______

4. Telephone Number (home): ____________ (business): __________________
   Electronic Mail Address: _______________________________________________________

5. Are you filing this complaint on your own behalf? ______. 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.______________________________

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your (check any box that applies):

   a. Race: □
   b. Color: □
   c. National Origin: □
   d. Sex: □
   e. Religion: □
   f. Sexual Orientation: □
   g. Marital Status: □
   h. Age: □
7. What date did the alleged discrimination take place? ________________________

8. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness Contact Information: ____________________________

9. 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 each box that applies:

Federal agency □ Federal court □ State agency □
State court □ Local agency □

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

Name: ______________________________________________

Address: ______________________________________________

City: _______________ State: _________ Zip Code: ____________

Telephone Number: _______________________________________

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

Complainant’s Signature ___________________________ Date ___________________________