



MIAMI COUNTY PUBLIC TRANSIT

DISCRIMINATION COMPLAINT FORM

Miami County Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of these services on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Discrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

If you need assistance filling out this form, reading the form or if it needs to be printed in another language, call us at (937)440-5488 and we will do our best to assist you with this process.

Your Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party: _____

Please indicate why you believe the alleged discrimination occurred:

- Race Color National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)
- Gender/Sex Age Disability Low-Income Status Limited English Proficiency

Date, time, and location (bus # if applicable) of alleged discriminatory actions. Please include earliest date, place and most recent date: _____

Please describe the circumstances as clearly as possible. What happened and why do you believe you were discriminated against? (e.g., race, age, disability etc.): _____

1/31/25

Were there any witnesses? Yes ___ No ___ If yes, provide their name(s) and phone number(s):

What remedy are you requesting? Please be specific: _____

Have you filed this complaint with any other agencies (federal, state, or local)? Yes ___ No ___

Agency: _____ Date Filed: _____

Address: _____

Contact Name: _____ Phone Number: _____

Please provide any additional information that you believe is relevant to this complaint; attach additional documentation which supports your allegations if needed. _____

Ways to file a complaint:

- Call our office at (937)440-5488
- Come into the Transit Office at 2036 N. County Road 25A, Troy, to file in person.
- Email us at: sabaker@miamicountyohio.gov
- Our ADA Compliant Form can be emailed or mailed to the 2036 N. County Road 25A, Troy, OH 45373

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

***Note-we cannot accept an unsigned complaint form**