## **RIVER CITIES PUBLIC TRANSIT**





Last Name			First			M.I.	Date	
Street Address					Apartment/Unit #			
City			State			ZIP	ZIP	
Phone			E-mail Address					
Are you filing this complaint for someone else?			YES	NO   (if yes, whose civil rights do you believe were violated?				
First Name				Last Name	ame			
I believe that I have been (or someone else has been) discriminated against on the basis of:								
Religion	eligion			☐ Di	sability	□ R	ace/Color/National Origin	
☐ Income	☐ Other (please			I				
Who or which RCPT agency do you believe discriminated against you?								
Pierre/Ft. Pierre (RCPT)	Pierre/Ft. Pierre Cheyenne River Count		Haakon y Prairie ansit	☐ Easter County Tra	n Pennington ansit	П Н	yde County Public Transit	
☐ Lower Brule	☐ Name:			☐ Other Community: (please specify)				
Date of incident:								
Please describe how you were discriminated against. What happened and who was responsible? For additional space please attach additional sheets of paper.								

Witnesses? Please provide their contact info									
	•		A d d						
Name:		Chahai	Address:	7in Codo.					
City:	`	State:	`	Zip Code:					
Home Phone: (	)	Cell Phone: (	)	Work Phone: ( )					
Name:			Address:						
City:	_	State:	_	Zip Code:					
Home Phone: (	)	Cell Phone: (	)	Work Phone: ( )					
Name:			Address:						
City:		State:		Zip Code:					
Home Phone: (	)	Cell Phone: (	)	Work Phone: ( )					
Did you file this com	plaint with another federa	al, state, or local age	ency; or with a federal or sta	ate court? YES NO					
If you answered yes,	please check each agend	cy the complaint was	s filed with:						
☐ Federal Agency	☐ Federal Court	☐ State Court	☐ State Agency	☐ Local Agency ☐ Other					
Provide contact person	on information for the oth	ner agency you also	filed complaint with:						
Name:			Address:						
City:		State:		Zip Code:					
Phone: ( )		Email:		Date Filed:					
Filing a complaint with RCPT is voluntary. However, without the information requested above, RCPT may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to RCPT's web site at: <a href="https://www.rcptransit.com">www.rcptransit.com</a> To mail this complaint send to PO Box 1025 Pierre, SD 57501 of fax to 605-945-4276.  I understand that by signing this form I acknowledge that all statements made are true and accurate to the best of my knowledge. And that under federal law (18 U.S.C§ 1001) I may face prosecution and penalties of fine or imprisonment for conviction for making fraudulent or fictitious statements.									
Sign:				Date					