



Witnesses? Please provide their contact info

Name:		Address:	
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 complaint with another federal, state, or local agency; or with a federal or state court?     YES      NO

If you answered yes, please check each agency the complaint was filed with:

Federal Agency      Federal Court      State Court      State Agency      Local Agency      Other

Provide contact person information for the other 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: [www.rcptransit.com](http://www.rcptransit.com) 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
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