



**CITY OF TURLOCK  
CIVIL RIGHTS / ADA  
COMPLAINT/GRIEVANCE FORM**

If you believe you or someone else has experienced a civil rights violation, please tell us what happened. If you could like to talk with someone prior to submitting a complaint, please call Turlock Transit at (209) 668-5600.

**Section 1: Contact Information**

*You are not required to provide your name or contact information. If you want to remain anonymous, leave this section blank. If you choose to provide your contact information, we will only use it to respond to your submission.*

Name (First/Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section 2: Personal Characteristics**

Please identify any of the personal characteristics you believe influenced the way you were treated during this particular incident:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Age                | <input type="checkbox"/> Immigration /   | <input type="checkbox"/> Sex           |
| <input type="checkbox"/> Disability         | Citizenship Status                       | <input type="checkbox"/> Sexual        |
| <input type="checkbox"/> Family / Marital / | <input type="checkbox"/> Language        | Orientation                            |
| Parental Status                             | <input type="checkbox"/> National Origin | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Gender Identity    | <input type="checkbox"/> Pregnancy       | apply                                  |
| <input type="checkbox"/> Genetic            | <input type="checkbox"/> Race/color      | <input type="checkbox"/> Other         |
| Information                                 | <input type="checkbox"/> Religion        | _____                                  |

**Section 3: Personal Description**

In your own words, please describe what happened. Please share details such as the date, time, location, names of individuals involved (if known) or other identifying details, if known.

\_\_\_\_\_  
\_\_\_\_\_

