

SECTION V – Factual Background Continued

Bus/Train #: _____ Route #: _____ Destination/Direction: _____

Boarding Location: _____ De-Boarding Location: _____

Describe the alleged discriminatory incident(s) (dates/times/what happened/witnesses/etc.). You may attach additional pages, with your date and signature, as necessary:

[Multiple empty lines for text entry]

SECTION VI – Proposed Remedy

What remedy do you feel may resolve this matter?

[Two empty lines for text entry]

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

Complainant’s Printed Name

NCTD OFFICE USE ONLY
Date Received:
Received By:

Please submit this form in person or by mail to:
North County Transit District
Bradley Saran
Civil Rights Officer
810 Mission Avenue
Oceanside, CA 92054

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