

COMPLAINT FORM

Instructions: If you would like to submit a Title VI complaint to GRTA, please fill out the forms below and send it to: Guam Regional Transit Authority (GRTA), Attn: Executive Manager, P. O. Box 2896, Hagatna, Guam 96932. For questions, please contact GRTA's Planner II/Program Coordinator II at (671)475-4686/4616. For a copy of GRTA's Title VI Notice to the Public, see our website at

1. Name (Complainant):	2. Phone:	3. Home Address: (street number, city, state, zip)
4. If applicable, name of person(s) who allegedly discriminated against you:		
5. Location and position of person(s) if known:		6. Date of alleged incident:
7. Discrimination because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Country of Origin		
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other person(s) were treated differently than you. Also, attach any written material pertaining to your case.		

PLEASE COMPLETE SHEET 2 OF THIS FORM

ADDITIONAL INFORMATION:

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint.
(witnesses, fellow employees, supervisors, others)

Name:	Job Title	Address:	Phone Number:
-------	-----------	----------	---------------

Signature:

Date: