



List any others who may have knowledge of this event. Please provide name, address, city, state, and zip code.

---

---

Have you filed this complaint with any other Federal, State, or local agency: or with the Federal or State Court?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, check all that apply

\_\_\_\_\_ U.S. Equal Employment Opportunity Commission

\_\_\_\_\_ Federal or State Court

\_\_\_\_\_ Department of Fair Employment and Housing

\_\_\_\_\_ Federal Transit Administration/ U.S. Dept. of Transportation

\_\_\_\_\_ Federal Highway Administration/ U.S. Dept. of Transportation

If you have already filed a charge, please provide the following information:

Agency/Court: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Trial Hearing: \_\_\_\_\_

Status of case: \_\_\_\_\_

Please provide any additional information that you believe would assist in investigation:

---

---

---

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date of Filing