

THE JULE - CITY OF DUBUQUE TRANSIT - DISCRIMINATION COMPLAINT FORM

The Jule is committed to a policy of non-discrimination in conduct of its business and to the delivery of equitable, accessible transportation services. It is The Jule's policy to utilize its best efforts to assure that no person shall, on the grounds of race, color, national origin, age, disability, sex, gender identity, religion, or sexual orientation be excluded from participation in, be denied the benefits of or be subjected to discrimination under its program of transit service delivery and related benefits. Any person who believes that he or she has been subjected to discrimination under Title VI on a basis of race, color, national origin, or discrimination under state and city statutes on a basis of age, disability, sex, gender identity, religion, or sexual orientation may file a discrimination complaint with The Jule within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact The Jule Transit Office 563-589-4196. The completed form must be returned to The Jule Transit, 949 Kerper Blvd, Dubuque, Iowa, 52001.

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY:
STATE:	ZIP CODE:

Person discriminated against (if someone other than complainant): _____

Which of the following best describes the reason for the alleged discrimination?

- | | |
|--|--|
| <input type="checkbox"/> Race
<input type="checkbox"/> National Origin
<input type="checkbox"/> Color
<input type="checkbox"/> Disability*
<input type="checkbox"/> Age* | <input type="checkbox"/> Gender Identity*
<input type="checkbox"/> Sexual Orientation*
<input type="checkbox"/> Religion*
<input type="checkbox"/> Creed*
<input type="checkbox"/> Other |
|--|--|

Have you filed a complaint with any other federal, state, or local agencies regarding this incident? Yes No

If yes, list agency/agencies and contact information:

AGENCY:	CONTACT NAME:
	PHONE NUMBER:

AGENCY:	CONTACT NAME:
	PHONE NUMBER:

*In addition to federal law, Iowa law and City law prohibits discrimination on the basis of creed, gender identity, religion, and sexual orientation

Describe the alleged discrimination incident. Provide the date, location, and names and titles of any individuals/employees involved. Explain what happened, whom you believe was responsible, and any other specific relevant information. Please use an additional sheet of paper if more space is required.

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's signature: _____

Printed name of complainant: _____

Please mail your completed form to: The Jule – Discrimination Complaint, 949 Kerper Blvd, Dubuque, IA 52001

Office Use Only - Received by: _____ Date: _____