



Hillsborough Transit Authority

1201 E. 7th Avenue • Tampa, Florida 33605
(813) 384-6600 • fax (813) 384-6284 • www.goHART.org



**HILLSBOROUGH TRANSIT AUTHORITY (HART)
Equal Employment Opportunity (EEO) / Affirmative Action (AA) Complaint Form**

Hillsborough Transit Authority (HART) is committed to equal employment opportunity for all persons, regardless of race, color, religion, national origin, sex (including gender identity, sexual orientation, and pregnancy), age, genetic information, disability, veteran status or other status protected by Federal or State Law and to undertake an affirmative action program, including goals and timetables, in order to overcome the effects of past discrimination on minorities and women.

Any applicant or employee who feels they have been discriminated against has the right to file a formal complaint utilizing the below form. Complaints may be filed with HART in writing to the Equal Employment Opportunity Officer or the Compliance Officer:

Chandra Span

Senior Human Resources Manager
& EEO Officer
Hillsborough Transit Authority (HART)
4305 E 21st Ave
Tampa, FL 33605

Kelli White

Manager of Labor Relations
& EEO Investigator
Hillsborough Transit Authority (HART)
4305 E 21st Ave
Tampa, FL 33605

Copies of the HART Statement of EEO Policy and the EEO/AA Complaint Procedure can be found at www.gohart.org, on the Civil Rights page on Connect (intranet), and on bulletin boards. Copies may be obtained by calling (813) 384-6600.

Name: _____

Phone Number: _____

Address: _____

Email Address: _____

City: _____ Zip Code: _____

Circle One: Employee or an Applicant

Cause of discrimination based on (check those which apply and specify in the space provided):

- | | |
|--|---|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Color _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Marital Status _____ | <input type="checkbox"/> Sex _____ |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> Sexual Orientation _____ |
| <input type="checkbox"/> Veteran Status _____ | <input type="checkbox"/> Other _____ |

Location where incident occurred: _____ Time and date of incident: _____

Name and/or Position title of the person who allegedly subjected you to discrimination:

For Staff Use Only: Date Received _____ **Case Number** _____

Briefly describe the incident (use a separate sheet, if necessary):

Did anyone else witness the incident?

Yes ()

No ()

List witnesses (Use a separate sheet, if necessary):

Name _____

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Have you filed a complaint about this incident with the Federal Transit Administration?

Yes ()

No ()

If yes, when? _____

Signature

Date

For Staff Use Only: Date Received _____ **Case Number** _____