



BECKER COUNTY TRANSIT

1771 Tower Rd.
Detroit Lakes, MN 56501
218-847-1674

DISCRIMINATION COMPLAINT FORM

Please complete this form if you feel that you have experienced discrimination by Becker County Transit based on race, color, national origin, sex, age, income status or disability. The complaint must be filed no later than 180 calendar days of the alleged discriminatory incident.

(Please Print)

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: Number: _____ email: _____

Preferred contact method: _____ Best time to contact: _____

I believe I was discriminated against based on my (check all that apply)

_____ Race	_____ National Origin	_____ Disability
_____ Color	_____ Age	_____ Income Status
_____ Religion	_____ Sex	_____ Other (explain below)
