



Civil Rights Complaint Form

The City of Joplin is responsible for ensuring that MAPS Transit and the Sunshine Lamp Trolley properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

The City of Joplin is committed to ensuring that no person shall, on the grounds of race, color, national origin, religion, age, marital status, sexual orientation, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by MAPS Transit and the Sunshine Lamp Trolley.

Please mail your completed form to:

City of Joplin
Attn: Human Resource Director/HR Dept.
602 S. Main Street
Joplin, MO 64801

Section I

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

I believe that I have been (or someone else has been) discriminated against on the basis of: (Please check the appropriate box) Race National Origin Color Disability DBE EEO

Other _____

Section 2

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes No

If yes, please check all that apply:

Federal agency Federal court State agency State court Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date