

FULLINGTON

Travel *your* world with us.

Fullington Trailways, LLC. Title VI Discrimination Complaint Form

Name	Phone	Name of Person(s) That Discriminated Against You		
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If Known)		
City, State, Zip		City, State, Zip		
Discrimination Because Of:	<input type="checkbox"/> Race/Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	Date of Alleged Incident
	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation	
Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also, Attach Any Written Material Pertaining To Your Case.				
Signature		Date		



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