

# Central Oregon Breeze

C. A. C. Transportation Inc.  
25890 Walker Road, Bend, OR 97701  
cobreeze.com



## Title VI & ADA Complaint Form

*Note: The following information is needed to assist in the processing of your complaint.*

### Complainant's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Person Discriminated Against

(if someone other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Which of the following best describes the reason you believe the discrimination took place:**

Race (Specify): \_\_\_\_\_ National Origin (Specify): \_\_\_\_\_

Color (Specify): \_\_\_\_\_ Disability): \_\_\_\_\_

**On what date(s) did the alleged discrimination take place:** \_\_\_\_\_

**Describe the alleged discrimination.** Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper):

List names and contact information of person(s) who may have knowledge of the alleged discrimination:

**Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court?**

Check all that apply.

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_ State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

Please provide information about or contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

---

Complainant Signature

---

Date

**Attachments:** Yes  No

**Submit this form and any additional information to:**

Central Oregon Breeze  
Title VI & ADA Compliance Manager  
25890 Walker Road, Bend, OR 97701

Phone: (541) 389-7469

Email: [info@cobreeze.com](mailto:info@cobreeze.com) Subject line should read: **Title VI & ADA Compliance Manager**

Fax: (541) 382-2518