



Pioneer Valley Transit Authority

EEO Complaint Form

The Pioneer Valley Transit Authority (PVT) is committed to equal employment opportunity (EEO) and ensures that no employee, applicant or potential applicant is discriminated against on the basis of race, color, creed, national origin, sex, gender identity, age, or disability.

Instructions: If you believe you have been discriminated against on the basis of race, color, creed, national origin, sex, age, or disability and would like to submit an EEO Complaint to the Pioneer Valley Transit Authority, please complete this form. The information requested is necessary in order to process your complaint, which must be submitted within 180 days from the date the alleged discrimination occurred.

If you need assistance with completing this form, contact the EEO Officer at (413) 732-6248 ext. 230.

Return your completed form to: Pioneer Valley Transit Authority
Attention: EEO Officer
2808 Main Street
Springfield, MA 01107

Check One: You are Applicant Employee

1. Name (Complainant)

2. Address (Street) (City) (State) (Zip Code)

3. Telephone Number (Home) (Cell)

4. Name of person discriminated against (If someone other than the complainant)

5. Address (Street) (City) (State) (Zip Code)

6. Telephone Number (Home) (Cell)

7. Which of the following best describes the reason you believe the discrimination took place? (Check all that apply) Race Color National Origin (Limited English Proficiency) Creed Sex Age Disability

8. Date, time and location (if applicable) of the incident.

9. Please explain the nature of your complaint and how you feel you were discriminated against. Please use the back of this form if additional space is required.



