
Under C.R.S. §24-34-601, a public accommodation is a place of business that offers services, facilities, privileges, advantages, or accommodations open to the public, including any public transportation facility or services. It is a discriminatory practice to refuse, withhold from, or deny an individual or group the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of a place of public accommodation based on race, color, national origin, creed, sex, sexual orientation, gender identity, gender expression, marital status, disability, or ancestry.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Regional Transportation District, Transit Equity Office, 1660 Blake Street BLK-31, Denver, CO 80202. You can reach our office Monday-Friday from 8-5 at 303-299-6000, or you can email our office at titlevicomplaints@rtd-denver.com.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Home): _____ (Business): _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on? (Check all that apply)

Race	Color	National Origin	Creed	Sexual Orientation	Gender Expression
Gender	Disability	Identity	Ancestry	Marital Status	Sex

7. Date of incident resulting in discrimination: _____

8. Describe how you were discriminated against. What happened and who was responsible?
For additional space, attach additional sheets of paper of use back of the form.

9. What RTD representatives were involved?

10. Where did the incident take place? Please provide location, bus number, drivers name, etc.



11. Witnesses? Please provide their contact information.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) [] Yes [] No

If answer is yes, check each agency complaint was filed with:

- [] Federal Agency [] Federal Court [] State Agency
[] State Court [] Local Agency [] Other

13. Provide contact person information for the agency you also filed the complaint with:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date