



Village Travel, LLC

Equal Employment Opportunity (EEO) Complaint Form

Village Travel, LLC is committed to providing equal employment opportunity and complying with all applicable federal, state, and local nondiscrimination laws. This form is used to file a complaint alleging discrimination.

Please complete this form as thoroughly as possible. Attach additional pages if you need more space.

Instructions for Filing a Complaint

1. Obtain a Complaint Form from Village Travel by contacting:

Village Travel, LLC
Attn: Beeline Express Manager
4255 N. Ridge Rd
Wichita, KS 67205

2. In addition to the complaint process at Village Travel, complaints may be filed directly with the Federal Transit Administration:

Federal Transit Administration
Office of Civil Rights, Region VII
901 Locust Street, Suite 404
Kansas City, MO 64106

3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.

4. The form must be signed and dated. Include your contact information.

5. If information is needed in another language, please call (316) 721-4455.

Complainant Information

Full Name:

Mailing Address:

City, State, ZIP:

Phone Number:

Email Address:

Employment Information (if applicable)**Job Title / Position:**

Department / Location:

Supervisor's Name:

Alleged Discrimination Information**Date(s) of Alleged Discriminatory Act(s):**

Type of Discrimination (check all that apply):

☐ Race ☐ Color ☐ National Origin ☐ Sex (including pregnancy, sexual orientation, or gender identity)
☐ Age ☐ Disability ☐ Religion ☐ Retaliation ☐ Other (specify): _____

Description of the Complaint

Please describe the alleged discriminatory act(s). Include names, dates, locations, witnesses (if any), and any other relevant details.

Witness Information (if applicable)**Witness Name(s):**

Witness Contact Information:

Previous Reporting

Have you reported this issue to anyone at Village Travel before? ☐ Yes ☐ No

If yes, who/when/outcome (briefly):

Certification and Signature

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature:

Date: