



Commonwealth of the Northern Marianas Islands
Commonwealth Office of Transit Authority
 Office of the Governor



“Driving You Forward”

COTA COMPLAINT FORM

Instructions:

You have one-hundred eighty (180) calendar days from the date of alleged discrimination to submit your complaint. Please fill out the form below.

Please select type of complaint:

- ADA Other (Specify): _____
 Civil Rights

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Phone: _____

Email: _____

Preferred Communication Method: Mail Verbal Written

Discrimination Complaint

Name of Staff Person/Employee that You
 Believe Discriminated Against You: _____

Date of Alleged Incident: _____

You were discriminated because of:

- | | | | |
|--|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability | <input type="checkbox"/> Age | <input type="checkbox"/> Other |
| <input type="checkbox"/> Color | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sex | |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Religion | |

Use the next page to 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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COTA Mailing Address:

Commonwealth Office of Transit Authority
2nd Floor, Suite 216, Marianas Business Plaza
Caller Box 10007, Saipan, MP 96950
Phone: 670-664-2682 | Fax: 670-664-2692 www.cota.gov.mp

(Please use the space below to describe/explain your complaint):