



Equal Employment Opportunity (EEO) Complaint Form

No person in the United States shall on the grounds of race, color, religion, national origin, sex, (including gender identity, sexual orientation, and pregnancy) age, genetic information, disability, veteran status, or other protected class be excluded from participating in, or denied the benefits of, or be subject to discrimination in employment under any project or activity receiving federal financial assistance under the federal transit laws.

At KAT, we know our people are our most valuable resource, and we want to ensure your voice is heard. It is company policy to investigate all complaints and take appropriate action. Fields marked with an asterisk (*) are mandatory. ***Additional space is available at the end of the form.***

Employee Information

Today's date (*): _____

First and last name (*): _____

What department do you work for? (*)

- Operations
- Maintenance & Service
- Administration

Phone number where we can reach you: _____

Email address: _____

Complaint/Concern/Suggestion Information

Is your complaint/concern/suggestion regarding one of the following? (*)

- Disciplinary Actions/Retaliation
- Harassment/Hostile Work Environment
- Non-hire/terminations/demotion
- Other/Not Sure _____

Please describe a summary of your allegations. Please include sufficient details such as dates, times, places, and other supporting documentation: (*) _____

Do you have any suggestions to address or resolve the complaint/concern? _____

Once completed, the form should be delivered to Pat Downs, EEO Officer, at the KAT Knoxville Transit Center or email pdowns@katbus.com. We are committed to investigate and offer you a response. Please keep a copy of the completed form for your files.

Additional Space

Additional Space
