

Employee Information

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.**

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 Jacob Schramm, EEO Officer, at the Magnolia Operations Facility or by email to ischramm@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				
A	dditional Space			