

VII. EEO Complaint Process

Complaints alleging discrimination shall be reported as follows:

- **By e-mailing the complaint form to BCTA's EEO Officer at eeo.officer@bcta.com**
- **Mailing the complaint form to EEO Officer, 200 West Washington Street, Rochester PA 15074**
- **Calling the EEO Officer at 724-728-4255 extension 2420**

To file an EEO complaint, the complainant should complete the EEO complaint form included in the EEO Plan in Appendix 4. This form can also be accessed by contacting BCTA's EEO Officer as noted above or by printing the form from BCTA's website at <https://bcta.com>.

In the case where an allegation is made against the EEO Officer, the complaint should be sent to BCTA's General Manager at 200 West Washington Street, Rochester, PA 15074.

Complaints must be filed within one-hundred eighty (180) calendar days of the incident of alleged discrimination for it to be considered.

A response will be issued within fourteen (14) calendar days of receipt, unless additional time is required for investigation. If additional investigation is required, the complainant will be so notified. The response will include corrective action intended or, in the case of a finding adverse to the complainant, any further recourse.

A hearing may be required to review the facts of the case in person. If so requested, complainant agrees to make themselves available for such hearing during normal business hours at a time mutually agreeable to all parties.

Adverse responses may be appealed to the Board of Directors at its next regularly scheduled meeting. Individuals or groups who feel they have been adversely treated at this level have recourse to a variety of Local, State and Federal quasi-judicial remedies.

EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT FORM

It shall be the policy of the Beaver County Transit Authority (BCTA) to practice equal opportunity with respect to all aspects of its employment practices.

Complaints alleging violations of this policy must be submitted to the attention of the EEO Officer of the BCTA within 180 calendar days of the date of incident of alleged discrimination to be considered.

Please complete all sections of this form:

Name: _____

Address: _____

Daytime Telephone: _____

Are you a current or past employee of the BCTA? Yes No

If no, have you applied for employment with the BCTA within the past twelve (12) months? Yes No

Under what grouping are you classifying this complaint?

Race Color Creed National origin
 Sex Age Disability Other (Please describe): _____

Under what type of employment practice are you alleging discrimination?

Selection for Employment (Hiring) Promotion or Demotion
 Discharge/Termination of Employment Disciplinary Action
 Compensation/Annual Review Action Layoff
 Benefit Award or Administration Training Opportunity
 Other (Please describe): _____

Has this issue been reviewed in any other forum (ie: Union Grievance Procedure, etc.)?

Yes, Please describe: _____ No

Signed: _____ **Date:** _____

Please forward complaint, in an envelope marked "Confidential" to:

**EEO Officer
Beaver County Transit Authority
200 W. Washington Street
Rochester, PA 15074**

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