



DBE PROGRAM COMPLAINT FORM

Please type or print. Sign and date all pages. Use additional pages if needed. **Please note:** Not all fields may be applicable to your situation. Any questions may be directed to the Office of Director of Administration at (425) 348-7100. Please submit completed form to:

Community Transit
Attention: Director of Administration
2312 W. Casino Road
Everett WA 98204
OR via email at: procurement@commtrans.org

Accessible Format Requirements, if applicable: Language Assistance Large Print Other

COMPLAINANT INFORMATION:

Name of Complainant:	
Address	Telephone: FAX:
E-mail	Date Complaint Submitted:

PROJECT INFORMATION:

Name of Prime contractor	Name of Subcontractor
Project Name	Name of Project Manager
Type of Project	Location of Project
Date incident happen	Does Complainant have any documentation Yes NO



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Please describe the nature of Complaint:

- Prompt Payment
- Certification
- Retainage
- Fraud

WITNESS INFORMATION:

Name of the witness:	Telephone#
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Complainant's Signature

Date