

**MACATAWA AREA EXPRESS TRANSPORTATION AUTHORITY**

**EQUAL EMPLOYMENT OPPORTUNITY (EEO) COMPLAINT FORM**

The Macatawa Area Express Transportation Authority (MAX) has a strong commitment to the community we serve and our employees. As an equal opportunity employer, we strive to have a workforce that reflects the community we serve. No person is unlawfully excluded from employment opportunities based on race, color, religion, national origin, sex (including gender identity, sexual orientation, and pregnancy), age, disability, veteran status, or other protected class.

MAX's Equal Employment Opportunity (EEO) policy applies to all employment actions—including but not limited to—recruitment, hiring, selection for training, promotion, transfer, demotion, layoff, termination, rates of pay or other forms of compensation, and use of facilities.

All applicants and employees have the right to file complaints alleging discrimination. Any complaint of discrimination will be investigated thoroughly and promptly; no employee will be retaliated against for a good faith complaint.

Please complete this form in its entirety. In order to be processed, signed original complaint forms must be mailed or hand delivered to:

MAX Transportation Authority  
Attention: EEO Officer  
171 Lincoln Avenue  
Holland, MI 49423

**Section I:**

Name:		
Address:		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Work Phone:

**Section II:**

Did anyone else witness the incident?      Yes      No

Please list any witnesses, including name, address, and phone number (use a separate sheet if necessary):

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**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

- Age                       Color                       Disability                       Gender/Sexual Harassment
- National Origin       Race/Ethnicity       Religion                       Retaliation
- Veteran Status       Other: \_\_\_\_\_

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe discrimination has occurred. Please provide dates, location, and time of discrimination. Use additional sheets as necessary.

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Indicate the person(s) you believe responsible for the discrimination (if known):

Name(s):

Work Location (if known):

**Section IV:**

What resolution would you like to occur?

- Mediation               Departmental Training Session               Formal Grievance
- Management Meeting with EEO Officer               No Further Action               Other

**Section V:**

You may attach any written materials or other information that you think is relevant to your complaint.

*I hereby swear/affirm that the information provided in this EEO Complaint Form is true and correct to the best of my knowledge.*

Signature:

Date:

Please submit this form in person at the address below, or mail this form to:

MAX Transportation Authority  
 Attention: EEO Officer  
 171 Lincoln Avenue  
 Holland, MI 49423  
 Phone: (616) 928-2494  
 Email: [info@catchamax.org](mailto:info@catchamax.org)

**INTERNAL USE ONLY:**

Date Received:

Signature/EEO Officer: