



DBE PROGRAM COMPLAINT FORM

Please type or print. Use additional pages if needed.

Please note: Not all fields may be applicable to your situation. Any questions may be directed to the Director of Procurement & Contract/DBELO at (425) 348-7100. Please submit completed form to:

Community Transit
Attention: Director of Procurement & Contract/DBELO
2312 W Casino Road, Everett WA 98204
Or via email to: Procurement@commtrans.org

COMPLAINANT INFORMATION:

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

PROJECT INFORMATION:

Name of Prime contractor:	Name of Subcontractor:
Project Name/Contract Number:	Name of Project Manager:
Type of Project:	Location of Project:
Date incident occurred:	Does Complainant have any documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Please describe the nature of Complaint:

- Prompt Payment
- Certification
- Retainage
- Fraud
- Other

WITNESS INFORMATION:

Name of the witness:	Contact information of witness:
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Complainant's Signature

Date