

Nondiscrimination Complaint Form

First Student, Inc.



SECTION I:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

SECTION II:

Are you filing this complaint on your behalf? Yes* _____ No _____

*If you answered "yes:" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

SECTION III:

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

I believe the discrimination I experienced was based on:

Date of Alleged Discrimination (Month, Day, Year): _____

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

Signature and date required below.

Signature

Date

If an accommodation is needed for a disability or if information is needed in another language, contact Matt Dunning at EEO@firstgroup.com.

Please submit this form in person at the address below, or mail this form to: Matt Dunning, First Student Title IX Coordinator, 191 Rosa Parks Street, 8th Floor, Cincinnati, OH, 45202 or email to EEO@firstgroup.com.