

SRTA/American with Disabilities Act (ADA)/ Title VI Complaint Form

| Section 1 | | | | |
|---|--|------------------------------|-------|----------|
| Name: _____ | | | | |
| Address: _____ | | | | |
| Street Address | | City | State | Zip Code |
| Telephone (Home): _____ | | Telephone (Alternate): _____ | | |
| Electronic Mail Address: _____ | | | | |
| If you require accessible format(s), please check the appropriate box(es): | | | | |
| <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other, please specify _____ | | | | |
| Section 2 | | | | |
| Are you filing this complaint on your own? <input type="checkbox"/> Yes (If yes, Go to Section 3) <input type="checkbox"/> No (If no, go to next line) | | | | |
| Please provide the name and address of the person who alleges discrimination: | | | | |
| Name: _____ | | | | |
| Address: _____ | | | | |
| Street Address | | City | State | Zip Code |
| Please explain why you are filing this claim for a third party: | | | | |
| Please confirm that you have obtained permission. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Section 3 | | | | |
| I believe that the discrimination experienced was based on (check all that apply): | | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (includes Limited English Proficiency) <input type="checkbox"/> Disability | | | | |
| Date of alleged discrimination (Month, Day, Year): _____ | | | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved and 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 the form or another sheet of paper. | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Section 4 | | | | |
| Have you previously filed a complaint with Southeastern Regional Transit Authority (SRTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Section 5 | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply and provide the name of the agency or court: <input type="checkbox"/> Federal Agency: _____ | | | | |
| _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> State Court: _____ | | | | |
| _____ <input type="checkbox"/> Local Agency: _____ | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | |
| Name: _____ Title: _____ | | | | |
| Agency: _____ Telephone Number: _____ | | | | |
| Address: _____ | | | | |
| Section 6 | | | | |
| <i>You may attach any written materials or other information that you think is relevant to your complaint.</i> | | | | |
| I affirm that I have read the above and that it is true to the best of my knowledge, information and belief. | | | | |
| <u>Signature and date required.</u> | | | | |
| _____ | | | _____ | |
| Complainant's Signature | | | Date | |
| Please submit this form and any additional materials in person or mail to: | | | | |
| Shayne Trimbell, Title VI Coordinator, | | | | |
| Southeastern Regional Transit Authority, 700 Pleasant Street, Suite 320, New Bedford, MA 02740 | | | | |
| Si necesita esta informacion en otro idioma por favor de llamar al (508) 997-6767. | | | | |
| Se a informação for necessária em outra língua, por favor chame (508) 997-6767. | | | | |
| SRTA use only: Date Received: _____ Person receiving complaint: _____ | | | | |