

SRTA/ADA/TITLE VI COMPLAINT FORM



Complete this form to file an Americans with Disabilities Act (ADA), Title VI, or other service complaint with the Southeastern Regional Transit Authority (SRTA).

Section 1

Name: _____

Address: _____
Street Address *City* *State* *Zip Code*

Telephone (Home): _____ Telephone (Alternate): _____

E-mail Address: _____

If you require accessible format(s), please check the appropriate box(es).

Large print Audio tape TDD Other, please specify _____

Section 2

Are you filing this complaint on your own?

Yes (*If yes, go to Section 3*) 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 complaint for someone else:

Do you have permission to file this complaint from the person alleging discrimination?

Yes No

Section 6

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

I affirm that I have read the above and that it is true to the best of my knowledge, information, and belief.

Signature and date required.

Complainant's Signature

Date

Please submit this form and any additional materials in person, via e-mail to info@srtabus.com or mail to:

Title VI Coordinator, Southeastern Regional Transit Authority

700 Pleasant Street, Suite 530

New Bedford, MA 02740

If information is needed in another language, please call (508) 997-6767.

Si se necesita información en otro idioma, por favor llame al (508) 997-6767.

Se a informação for necessária em outra língua, por favor ligue para (508) 997-6767.

Si enfòmasyon nesesè nan yon lòt lang, tanpri rele (508) 997-6767.

SRTA administration use only: Date received: _____ Person receiving complaint: _____