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?						
\Box Yes (If yes, go to Section 3) \Box 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 3						
I believe the discrimination ex	perienced was based on (check a	ll that apply):				
□ Race □ Color □ Natio	nal origin (includes limited Englis	h proficiency)	□ Disability			
Date of alleged discrimination (Month, Day, Year):						
all people who were involved discriminated against you (if k	what happened and why you belic and include the name and contac nown), as well as names and con e back of the form or another sh	ct information of tact information	the person(s) who			
Section 4						
Have you previously filed a co	mplaint with SRTA?	□ Yes □	No			
Section 5						
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?						
\square Yes \square No $\ $ If yes, check all that apply below and provide the name of the agency or court.						
□ Federal Agency:	Federal Court:					
	□ State Court:					
□ Local Agency:						
Please provide contact information for a person at the agency/court where the complaint was filed.						
•	Title:		•			
	Telephone					
Address:						

Section 6					
You may attach any written materials or other information you affirm that I have read the above and that it is true to the beginning and date required.	•				
Complainant's Signature	 Date				
Please submit this form and any additional materials in pers Title VI Coordinator, Southeastern Regional Transit Au 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:				