

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 3

I believe the discrimination experienced was based on (check all that apply):

Race Color National origin (includes limited English proficiency) 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 people 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 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?

Yes No *If yes, check all that apply below and provide the name of the agency or court.*

Federal Agency: _____ Federal Court: _____

State Agency: _____ State Court: _____

Local Agency: _____

Please provide contact information for a person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____ Telephone Number: _____

Address: _____

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/ADA 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: _____