

DISCRIMINATION COMPLAINT AGAINST THE MONTACHUSETT REGIONAL TRANSIT AUTHORITY

ADA Complaint

Title VI/Civil Rights Complaint

Name of Complainant: <input style="width: 95%;" type="text"/>	Telephone (daytime): <input style="width: 95%;" type="text"/>			
Street Address: <input style="width: 95%;" type="text"/>	City, State, Zip: <input style="width: 95%;" type="text"/>			
Name of Representative to the Complainant: <input style="width: 95%;" type="text"/> (if applicable)	Relationship to the Complainant: <input style="width: 95%;" type="text"/>			
Address: <input style="width: 95%;" type="text"/>	Telephone (daytime): <input style="width: 95%;" type="text"/>			
Name of MART related Personnel, Organization, or Agency that you believe discriminated against you: <input style="width: 95%;" type="text"/>				
Location of Alleged Incident: <input style="width: 95%;" type="text"/>				
Date of Alleged Incident: <input style="width: 95%;" type="text"/>				
You were discriminated against on the basis of:				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Family Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Retaliation	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Other
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:</p> <div style="border: 1px solid black; height: 250px; width: 100%; margin-top: 10px;"></div>				
Signature: _____			Date _____	