

DISCRIMINATION COMPLAINT AGAINST THE MONTACHUSETT REGIONAL TRANSIT AUTHORITY

ADA Complaint

Title VI/Civil Rights Complaint

Name of Complainant:		Telephone (daytime):		
Street Address:		City, State, Zipcode:		
Name of Representative to the Complainant: (if applicable)		Relationship to the Complainant:		
Full Address (of Representative):		Telephone (daytime):		
Name of MART related Personnel, Organization, or Agency that you believe discriminated against you:				
Location of Alleged Incident:				
Date of Alleged Incident:				
You were discriminated against on the basis of:				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Family Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Age	<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>				
Signature:			Date	

To Contact Us:

MART's ADA Complaint Officer:

MART's Title VI Officer:

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