

Franklin Regional Transit Authority

Civil Rights Complaint Form

The FRTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of Title VI protected categories (race, color, or national origin). Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Information:

Name:

Address:

Town, State, Zip Code:

Telephone: (h)_____ (cell) _____ (work) _____

Person allegedly discriminated against (if someone other than complainant):

Name:

Address:

Town, State, Zip Code:

Telephone: (h)_____ (cell) _____ (work) _____

Please indicate why you believe the alleged discrimination occurred:

Title VI Category:

Race ___ Color ___ National Origin ___ Other Category: _____

What was the date of Alleged Discrimination? _____

Where did the alleged discrimination take place? _____

Please provide a brief description of the alleged discrimination:

Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (Federal, State or Local)? _____

Please list any and all witness's names and phone numbers:

What remedy are you requesting? Please be specific

As a complainant, I understand that FRTA may need to disclose my name, during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of the FRTA to honor requests under the Freedom of Information Act: I understand that it may be necessary for FRTA to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by FRTA policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by FRTA.

Please check one:

- I give consent
- I deny consent

Please attach any documents which support the allegation. Then, sign and date this form and send all materials to the FRTA Administrator at:

Franklin Regional Transit Authority
12 Olive St., Suite 1
Greenfield, MA 01301
tina@frta.org

Signature: _____ Date: _____