

**COMPLAINT FORM (combined)**

**ADA Complaint Title VI Complaint General Complaint**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of incident (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_AM PM

Which describes the reason you believe the discrimination was based on:

Race Color National Origin Disability

Explain as clearly as possible what happened.

* **Title VI complaint** - Explain why you believe you were discriminated against. Describe all person involved. Include the name and the contact information of the person(s) who discriminated against you (if known), as well as, names and contact information of witnesses.
* **ADA complaint** - Explain why you were being discriminated against based on a disability. Describe all person involved. Include the name and the contact information of the person(s) who discriminated against you (if known), as well as, names and contact information of witnesses.
* **General complaint** - Include the service, route (if applicable), driver name, and additional information such as, location, relevant details, witnesses, etc.

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You may attach any written material or other information that you think is relevant to your complaint.

I, the undersigned, give Western Maine Transportation Services, Inc. permission to review and investigate the above information relevant to this complaint. I swear that the above statement(s) are true and correct to the best of my knowledge and information.

Signature and date required below:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission options: You may submit this form in person at the address below or by mail to the address below along with all supporting materials.

**Executive Director**

Western Maine Transportation Services, Inc.

76 Merrow Road

Auburn, Maine 04210