



Western Maine Transportation Services

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.

