

**NANTUCKET REGIONAL TRANSIT AUTHORITY
CIVIL RIGHTS COMPLAINT FORM**

Note: Apart from the form, on separate pages, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race/Color/National Origin
 - Disability
 - Not Applicable
 - Other (specify)
-

I believe that a public transit provider has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
 - External Equal Employment Opportunity
 - Not Applicable
 - Other (specify)
-

Section II

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Accessible format requirements:

Large Print ___ Not Applicable ___ Other ___

Section III

Are you filing this complaint on your behalf? Yes ___ No ___

(If you answered “yes” to this question, go to Section IV.)

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes ___ No ___

Section IV

Have you previously filed a civil rights complaint with FTA? Yes ___ No ___

If yes, what was your FTA complaint Number? _____

Have you filed this complaint with any of the following agencies?

Transit Provider ___

Department of Transportation ___

Department of Justice ___

Equal Employment Opportunity Commission ___

Other _____

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes ___ No ___

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes ___ No ___

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date: _____

Note: We cannot accept your complaint without a signature.

Please mail your completed form to:

Director, FTA Office of Civil Rights
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

