

Brockton Area Transit Authority Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statues and regulations require *that no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Linda Sacchetti, Brockton Area Transit Authority, 155 Court Street, Brockton, MA 02302, (508) 588-2240, and MCAD, One Ashburton Place, 6th Floor, Boston, MA 02109, (617) 994-6000, TTY: (617) 994-6196

1. Complainant's Name _____

2. Address _____

3. City _____ State _____ Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the compliant)

Name _____

Address _____

City _____ State _____ Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- | | | | | | |
|--------------------|--------------------------|--------|--------------------------|---------------|--------------------------|
| a. Race/Color | <input type="checkbox"/> | c. Sex | <input type="checkbox"/> | e. Disability | <input type="checkbox"/> |
| b. National Origin | <input type="checkbox"/> | d. Age | <input type="checkbox"/> | | |

7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes No

If yes, check each box that applies:

Federal agency	<input type="checkbox"/>	Federal court	<input type="checkbox"/>	State agency	<input type="checkbox"/>
State court	<input type="checkbox"/>	Local agency	<input type="checkbox"/>		

10. Please provide information about a contact person at the agency / court where the complaint was filed.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date