

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." **If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.**

Name: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Do you need documents related to processing this complaint in an Accessible Format?

Large Print ____ Audio tape ____ TDD ____ Other _____

Please indicate why you believe the alleged discrimination occurred:

____ Race

____ Color

____ Gender

____ National Origin

____ Income

____ Disability

____ Other: _____

Are you filing this complaint on your own behalf?

Yes ____ No ____

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 ____

Have you previously filed a Title VI complaint with MassDOT?

Yes ____ No ____

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

Transit Provider

U.S. Department of Transportation

Department of Justice

Equal Employment Opportunity Commission

Other: _____

Have you filed a lawsuit regarding this complaint?

Yes No

If yes, please provide a copy of the complaint form.

[Note: However, if your case has gone to court on the same issues, we defer to the decision of the court.]

Name of organization or agency complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

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.

May we release your identity to the transit provider?

Yes No

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please send your completed form to:
SSCAC, Inc.
ATTN: Title VI Program
71 Obery Street
Plymouth MA 02360