



**Transport
Central**

258 Highland Street · PO Box 855 · Plymouth, NH 03264 · 1-855-654-3200

Let's go!

TITLE VI COMPLAINT FORM

Section I:

Name: _____ Address: _____
Primary Phone: _____ Secondary Phone: _____ Email: _____

Accessible Format Requirements? TDD Large Print Audio Tape Other

Section II:

*Are you filing this complaint on your own behalf? Yes No

*If you answered "yes" to this question, go to **Section III**.

In 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 III:

I believe the discrimination I experienced was based on Race Color Nationality

Date of Alleged Discrimination (mm/dd/yyyy) _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated you (if know) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.
