



Customer Contact/Complaint Form

Rev. July 2018

Section I: Contact Information			
Date:			
Name:			
Address:			
Telephone # where you wish to be contacted:			
E-mail address:			
Please check if you need this document in an accessible Format Requirement:	Large Print	Audio	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II: Type of Complaint			
Type of Complaint (check mark or x):			
1. General Complaint or Concern: Bus service, schedule or specific incident. ()			
2. Civil Rights: Title VI Complaint: Discrimination based on race, color or national origin: ()			
3. Civil Rights: ADA Discrimination: Discrimination based on a disability. ()			
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
Section III: Details of Complaint or Incident			
1. General Complaint, Concern or Incident:			
Date of incident: (Month, Day, Year): _____ Time _____ AM PM			
Bus # _____ Route # _____ Inbound / Outbound Driver # or information _____			
Additional information (location, details, witnesses, illustrations, etc.):			
<i>Please use space on opposite side of page to describe the incident.</i>			

ENGLISH

If this is a Civil Rights / Title VI Complaint, meaning you believe you were discriminated against based on your race, color or national origin, please explain below as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include name and contact information of person (s) who discriminated against you (if known) as well as names and contact information of witnesses.

If this is a Civil Rights/ADA Complaint, meaning you believe you were discriminated against based on your disability, please explain below as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include name and contact information of person (s) who discriminated against you (if known) as well as names and contact information of witnesses.

- If this complaint is related to equipment or structures (for example: buses or bus stops), please try to be as specific as possible in identifying which vehicle or locations may be creating the situation.

If more space is needed, please attach an additional sheet to this form.

ENGLISH

Section IV:		
Have you previously filed this complaint with this agency?	Yes	No
Section V:		
Have you filed this complaint with any other Federal, State or local agency, or any Federal or State court? () Yes () No		
If yes, check all that apply and provide agency or court name:		
() Federal Agency: _____	() Federal Court: _____	
() State Agency: _____	() State Court: _____	
() Local Agency: _____		
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name:	Title:	Agency:
Address:	Telephone:	E-mail:

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

Signature and date required below:

Signature

Date

Submission Options: You may submit this form in person at the address below, by mail to the address below or you may scan this completed form along with all supporting materials and e-mail to the individual stated below. This form is also available online at: www.gpmetro.org/InsideMETRO/Policies

Assistant Transportation Manager/Safety Coordinator

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