

ENGLISH

**Complaint Form (combined)**

Date _____

Section I: Contact Information			
Name:			
Address:			
Telephone # where you wish to be contacted:			
E-mail address:			
Accessible Format Requirements:	Large Print	Audio	Other
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. 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.):			
Revised – March 2019			

ENGLISH

2. Civil Rights / Title VI Complaint:

Discrimination based on (check all that apply): () Race () Color () National Origin

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.

3. ADA Discrimination: Discrimination based on a disability.

- Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any 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.
- Explain below as clearly as possible what happened and why you believe you were or are being discriminated against based on your disability.

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

Section IV:

Have you previously filed complaint with this agency?		
What type of complaint did you file:		
ADA TITLE VI Other	Yes	No

ENGLISH

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:
Section VI:		
Name of agency complaint is against: _____		
Contact Person: _____		
Title: _____		
Telephone Number: _____		
E-Mail address: _____		

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: gpmetrobus.com / Inside METRO/ Policies.

Transit Operations Manager

Greater Portland Transit District

114 Valley Street

Portland, ME 04102

tridge@gpmetro.org