Worcester Regional Transit Authority (WRTA) Title VI Complaint Form

Fill out this form <u>only</u> if you have a Title VI complaint against the Worcester Regional Transit Authority (WRTA).

Section 1: Complainant's Information

a.	Name:
	Address:
c.	City, State:
d.	Telephone: HomeWork:
e.	e-mail:
Se	ection 2: Complainant's Representation
a.	Are you filing this complaint on your own behalf? Yes [] No []
	If you answered "yes" to Question 2a above, skip Questions 2b-2d below
	and go to Section 3.
b.	If not, please provide the name and relationship of the person for whom
	you are filing this complaint:
c.	Please explain why you are filing this complaint for another person:
d.	Please confirm that you have obtained the permission of the person that you are filing this complaint on behalf of:

Section 3: Complaint Summary

a.	I believe the discrimination I experienced w	was based on (check all th	at		
	apply): Race [] Color []	National Origin []		
b.	Date of Alleged Discrimination (Month, Day	/, Year):			
c.	Explain as clearly as possible what happened	ed and why you believe yo	ou		
	were discriminated against. If riding on a WRTA service, provide				
	information such as mode (i.e. route), time	e of day, location along a i	route		
	or roadway, or a specific stop. Describe all	l persons who were involv	ed.		
	Include the name and contact information of	of the persons who			
	discriminated against you (if known) as we	ell as names and contact			
	information of any witnesses.				
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Se	ection 4: Previous Title VI Filings with the	he WRTA			
a.	Have you previously filed a Title VI complai	int with the WRTA?			
		Yes [] No []			
	1. If yes, did you file this complaint usin	ng the <u>csfeedback@therta</u>	.com		
	feature on the WRTA's website?	Yes [] No []		
	2. Did you receive a response?	Yes [] No []		
Se	ection 5: Other Filings of This Complaint	ŧ			
a.	Have you filed this complaint with any other	er Federal, State or local			
	agency or with any Federal or State Court?	Yes [] No []		
b.	If you answered 'yes' to Question 5a above	e, please provide informati	ion		
	for the agency/agencies and court(s) in which this complaint was also				

	d and contact information for the appropriate staff persons and/or cials of any such agencies/courts:
Section	on 6: Attachments Supporting this Complaint
	attach any written materials or other information that you believe arnt to your complaints.
Section	on 7: Complaint Signature and Date (required)
Printe	d Signature:
Signat	cure of Complainant:
Date:	
Send	form to:
Worce	ster Regional Transit Authority (WRTA)
c/o Jo	shua Rickman, Administrator & Title VI Coordinator
60 Fos	ster Street
Worce	ster, MA 01604-4016