



**Casco Bay Island Transit District
Discrimination Complaint Form
(EEO/Title VI/ ADA)**

Name	Phone	Name of Person(s) that you feel discriminated against you (if known)
Address		Position or Title of person that you feel discriminated against you (if known)
City, State, Zip		City, State, Zip
Agency involved: Casco Bay Island Transit District		Date of alleged incident
Discrimination Because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Employment		What remedy are you requesting?
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material(s) pertaining to your case that may be relevant. (Use other side as necessary)		
Signature		Date

Please mail or email complaint to:

Roki Horr
EEO/Title VI/ADA Compliance Office
Casco Bay Island Transit District
P. O. Box 4656 DTS
Portland, ME 04112
Rokih@cascobaylines.com
Telephone (207) 774-7871 x 133



Instructions

1. Please fill out all information completely to the best of your recollection
2. Mail or email the completed form to the address/email listed
3. Complaints must be received within 180 days of the alleged discrimination
4. Complaints will be acknowledged within 10 business days
5. Complaint investigation and determinations will be completed within 60 business days
6. Complainants will be contacted when a determination is made, but no later than within 61 business days