

**Federal Transit Administration/Casco Bay Island Transit District
Civil Rights Complaint Form**

Section I

Name: _____

Address: _____ City _____ State/Zip _____

Telephone Numbers: (Home) _____ (Work) _____

Email Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____ TDD _____ Other _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries. In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section II

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

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

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

Have you previously filed a Title VI complaint with FTA? Yes ____ No ____

If yes, what was your FTA Complaint Number? _____

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Have you filed this complaint with any of the following agencies?

Transit Provider _____ Department of Transportation _____ Department of Justice _____ Equal

Employment Opportunity Commission _____ Other _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

If yes, please provide a copy of the complaint form.

Section IV

Name of transit provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to the FTA/transit provider? Yes _____ No _____

May we release your identity to the FTA/transit provider? Yes _____ No _____

Please sign here: _____ Date: _____

[Note - We cannot accept your complaint without a signature.]

**Please mail your completed form to: Director, FTA Office of Civil Rights,
400 7th Street, S.W., Room 9102, Washington, D.C. 20590 or CBITD, Attn General Manager, P.O.
Box 4656 DTS, Portland, ME 04112**