



## Customer Contact/Complaint Form

<b>Section I: Contact Information</b>			
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"/>	
<b>Section II: Type of Complaint</b>			
Type of Complaint (check mark or x):			
1. <b>General Complaint or Concern:</b> Bus service, schedule or specific incident.			<input type="checkbox"/>
2. <b>Civil Rights: Title VI Complaint:</b> Discrimination based on race, color or national origin:			<input type="checkbox"/>
3. <b>Civil Rights: ADA Discrimination:</b> Discrimination based on a disability.			<input type="checkbox"/>
Are you filing this complaint on your own behalf?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
<b>Section III: Details of Complaint or Incident</b>			
<b>1. General Complaint, Concern or Incident:</b>			
Date of incident: (Month, Day, Year): _____		Time _____ <input type="radio"/> AM <input type="radio"/> PM	
Bus # _____	Route # _____	<input type="radio"/> Inbound / <input type="radio"/> Outbound	Driver # or information _____
Additional information (location, details, witnesses, illustrations, etc.):			



<b>Section IV:</b>		
Have you previously filed this complaint with this agency?	Yes <input type="radio"/>	No <input type="radio"/>
<b>Section V:</b>		
Have you filed this complaint with any other Federal, State or local agency, or any Federal or State court?		
<input type="radio"/> Yes <input type="radio"/> No		
If yes, check all that apply and provide agency or court name:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> 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 Saco Transportation Center, 138 Main Street, Saco, Me 04072, or 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.

**Rita Rose/ Driver Supervisor**  
 Biddeford Saco Old Orchard Beach Transit  
 13 Pomerleau Street  
 Biddeford, ME 04005  
 rrose@bsoobtransit.org