

Customer Contact/Complaint Form

Section I: Contact Information							
Date:							
Name:							
Address:							
Telephone # where you wish to be	contacted:						
E-mail address:							
Please check if you need this	Large Print	Audio	Other				
document in an accessible							
Format Requirement:							
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. Civil Rights: 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	r Incident						
1. General Complaint, Concern or Date of incident: (Month, Day, Yea Bus # Route # Additional information (location, day)	ar): Inbound / Ou		Time f or informati		AM PN) //	

Please use this page to describe the incident						
If this is a Civil Rights / Title VI Complaint, meaning you believe you were discriminated against based on your race, color or national origin, please 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.						
If this is a Civil Rights/ADA Complaint, meaning you believe you were discriminated against based on your disability, please 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.						
• 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.						
If more space is needed, please attach an additional sheet to this form.						

Section IV:							
Have you previously filed this complaint with this agency?		Yes 🔵	No 🔘				
Section V:							
Have you filed this complaint with an Yes No If yes, check all that apply and providence of the second sec	ny other Federal, State or local agency de agency or court name:	, or any Federal	or State court?				
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:					
You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below:							
Signature		te					

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