

Title VI Complaint Form

Biddeford-Saco-Old Orchard Beach Transit Committee (BSOOB) is dedicated to ensuring that no person is excluded from participation or denied benefits of services on the basis of race, color or national origin, per Title VI of the Civil Rights Act of 1964 as amended.

Complaints must be filed within 180 days from the date of the alleged discrimination with the following information provided to assist in processing. If you require assistance in completing this form, please contact BSOOB by calling 207-282-5408. Return the completed form to:

Chad Heid, Executive Director
13 Pomerleau Street
Biddeford, Maine 04005
Phone: 207-282-5408 | Email: cheid@bsoobtransit.org

TITLE VI DISCRIMINATION COMPLAINT FORM

Please fill out complainant information below (if someone other than the complainant, please fill out the last two boxes as well):

Name:				
Address:				
City:		State:		Zip:
Phone:		Email:		
Person(s) discriminated against (if someone other than complainant):				
Address (if someone other than complainant):				

Which reason best describes the alleged discrimination that took place? (Please check one)

Race	
Color	
National Origin	
Other discrimination/allegation <i>(please explain in detail)</i>	

Description of Complaint:

Date of incident: ___/___/___

Please describe the alleged discrimination in as much detail as available, such as: date, time, route number, location, vehicle number, names and titles of all staff involved, reason for complaint, explanation of actions leading to complaint, whom you believe responsible and any witnesses, including their contact information. Please use additional sheets of paper as necessary if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If yes, please list agencies and contact information below:

Agency Name:						
Address:						
City:		State:		Zip:		
Phone:		Email:				
Website Address:						
Contact Person:						

Agency Name:						
Address:						
City:		State:		Zip:		
Phone:		Email:				
Website Address:						
Contact Person:						

Agency Name:						
Address:						
City:		State:		Zip:		
Phone:		Email:				
Website Address:						
Contact Person:						

I affirm that I have read the above charge and that it is true to the best of my knowledge.

_____ / /
Complainant's Signature Date

Print or Type Name of Complainant

For Office use Only:	
Date Received:	
Received By:	