**Massachusetts Department of Transportation**

**Office of Diversity and Civil Rights**

**Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” **If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.**

Name:\_ \_

Address: \_ \_

Telephone Numbers: (Home) \_ \_(Work) (Cell)

Email Address: \_ \_

Do you need documents related to processing this complaint in an Accessible Format?

Large Print \_ Audio tape \_ \_TDD Other \_

Please indicate why you believe the alleged discrimination occurred:

 \_ Race

 \_ Color

 \_ Gender

 \_ National Origin

 \_ Income

 \_ Disability

 \_ Other:\_ \_ \_ \_

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

Have you previously filed a Title VI complaint with MassDOT? Yes No\_ \_

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

 \_ Transit Provider

 \_ U.S. 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.

[Note: However, if your case has gone to court on the same issues, we defer to the decision of the court.]

Name of organization or agency complaint is against:

 \_ \_

Contact person: \_ Title: \_

Telephone number: \_ \_ \_

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.

May we release your identity to the transit provider? Yes \_ No

Please sign here: \_ \_ \_

Date: \_

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

Please send your completed form to: Title VI Program Coordinator, MassDOT Office of Diversity and Civil Rights, 10 Park Plaza, Suite 3800, Boston, MA 02116 or MassDOT.civilrights@state.ma.us