

**MANCHESTER  
TRANSIT AUTHORITY**  
110 ELM STREET, MANCHESTER, NH 03101-2799  
TELEPHONE (603) 623-8801  
FAX (603) 626-4512



EDWARD W. STEWART, JR., CHAIR  
DANIEL BERGERON, VICE CHAIR  
CAROL WILLIAMS  
PETER ESCALERA  
MICHELLE LAUDER

MICHAEL WHITTEN  
EXECUTIVE DIRECTOR

## Title VI Complaint Form

It is the mission of MTA to provide safe, reliable, affordable, and efficient public transportation without in a nondiscriminatory manner without regard to race, color, or national origin. If you feel that MTA has failed to fulfill this mission, please complete the form below and submit it to MTA in person or by mail at the following address within one hundred and eighty (180) days of the alleged occurrence.

Title VI Coordinator  
Manchester Transit Authority  
110 Elm Street  
Manchester, NH 03101

603-623-8801

### Section I:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Electronic Mail Address (email): \_\_\_\_\_

Accessible Format Requirements? (please check any that apply)

Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_ TDD \_\_\_\_\_ Other \_\_\_\_\_

### Section II:

Are you filing this complaint on your own behalf? (please circle one)      Yes\*      No  
\*If you answered "yes" to this question, please 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. (please circle one)                      Yes                      No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race                       Color                       National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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**Section IV**

Have you previously filed a Title VI complaint with this agency? (please circle one)    Yes    No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

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: \_\_\_\_\_

**Section VI**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Title VI Coordinator  
Manchester Transit Authority  
110 Elm Street  
Manchester, NH 03101