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 claiming:________________________________________________________

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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**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:

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Manchester Transit Authority
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Manchester, NH 03101