

Blue Apple Bus Company Civil Rights 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.**

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Email Address: _____

Do you need an Accessible Format?

Large Print _____ Audio tape _____ TDD _____

Other _____

Please indicate why you believe the alleged discrimination occurred:

_____ Race or Color

_____ Gender

_____ National Origin

_____ Income

_____ Disability

_____ Other

Section II

Are you filing this complaint on your own behalf?

Yes ____ No ____

[If you answered "yes" to this question, 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.

Yes ____ No ____

Section III

Have you previously filed a Title VI complaint with Blue Apple Bus Company? Yes ____ No ____

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

Transit Provider ____ U.S. Department of Transportation ____ MassDOT ____

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.]

Section IV

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.

(Please use back of this sheet if not enough room)

Section V

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, Blue Apple Bus Company, 439 High Street, Randolph, MA 02368