

Rural Community Transportation

Civil Rights Complaint Form ADA or Title VI Complaints

Rural Community Transportation (RCT) receives federal grants to provide various modes of transportation in Northern Vermont. RCT has processes in place to receive, investigate, and track complaints. ADA complaints are processed as required by 49 CFR 27.121(b); RCT keeps all ADA complaints in its active files for twelve months and in summary form for five years.

Title VI complaints are processed as required by 49 CFR Section 21.9b; RCT keeps all Title VI complaints in its active files for twelve months and in summary form for five years.

Please mail your completed form to:

**Executive Director
Rural Community Transportation
1677 Industrial Parkway
Lyndonville, VT 05851**

If you have questions about how to prepare a complaint, you may contact the Rural Community Transportation Human Resources Department at 1-802-748-8170.

This is an ADA Complaint _____ A Title VI Complaint _____

Note: Apart from the form, *on separate pages*, 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, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify)

I believe that a public transit provider has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify)

Section II

Name:

Street Address:

City: State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section III

Are you filing this complaint on your own behalf?

Yes No

[If you answered "yes" to this question, go to Section IV.]

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 IV

Have you previously filed a civil rights complaint with RCT? Yes No

If yes, what was your RCT Complaint Number?

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

Transit Provider Department of Transportation
Department of Justice Equal Employment Opportunity Commission

Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Note: RCT encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date:

Note: We cannot accept your complaint without a signature.