Section I: Title VI (Civil Rights Con	plaint Form		
Name:				
Address:				
Telephone (Home):		Telephor	ne (Work):	
Electronic Mail Address:		•	, ,	
Accessible Format	Large Pri	nt Auc	dio Tape	
Requirements	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?		Yes*	NO	
*If you answered "yes" to the	is question, go to	Section III		
If not, please supply the nam	ne and relationshi	p of the		
person for whom you are co	mplaining:			
Please explain why you have	e filed for a third	party:		
Please confirm that you have	e obtained the	Yes	No	
permission of the aggrieved party if you		105	110	
filing on behalf of a third party.				
•	•	•		
Section III:				
I believe the discrimination	I experienced wa	s based on (chec	ck all that apply):	
[] Race [] Color [] National Origin				
Date of Alleged Discriminat	ion (Month, Day	, Year):		
Explain as clearly as possibl	e what happened	and why you be	elieve you were	
discriminated against. Descr	ibe all persons w	ho were involve	ed. Include the name	
and contact information of the	he person(s) who	discriminated a	gainst you (if known)	
as well as names and contac	-			
needed, please use the back		•	•	
form.				

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omplaint with this agency? Yes / No
other Federal, State, or local agency, or
outer 1 castar, state, or rotal agency, or
[] State Agency
[] Local Agency
- L J
tact person at the agency/court where the
or other information that you think is
Date
(or deliver in person at:)
(p
MCTA
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