



## Complaint Form

Please complete this form to report a concern related to a service provided by RTP.

### Type of Complaint (check all that apply):

ADA  Title VI  Other

### Rights You Believe Were Violated (check all that apply):

Race  Color  Sex  National Origin  Age  Religion

Limited English Proficiency  Other

### Your Information:

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

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

Phone: \_\_\_\_\_

### Complaint Details:

1. Date(s) of Incident: \_\_\_\_\_

2. RTP Staff Involved: \_\_\_\_\_

3. What Happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*(Attach a page if more space is needed)\*

4. Witnesses or Others Aware: \_\_\_\_\_

\_\_\_\_\_

### Authorization

I give RTP permission to investigate this complaint. I affirm the information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit via Email: [customerservice@rtprides.org](mailto:customerservice@rtprides.org)

Or Mail to:

Regional Transportation Program  
1 Ledgeview Drive  
Westbrook, ME 04092