

Appendix C

Regional Transportation Program (RTP)  
External Discrimination Complaint Form

(Title VI/Nondiscrimination and ADA/Section 504 Complaints)

Name	Phone	Name of Person(s) That Discriminated Against You
Address	Location and Position of Person (If Known)	
City, State, Zip	City, State, Zip	
Agency involved	Date of Alleged Incident	
Discrimination Because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability	What Remedy are you requesting?	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.		
Signature	Date	

**Please Mail Complaint to:**

Attn: Title VI Coordinator  
Regional Transportation Program  
1 Ledgeview Drive  
Westbrook, ME 04092