

Bangor Area Comprehensive Transportation System
External Discrimination Complaint Form

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

Name	Phone	Name of Person(s) alleged to have engaged in discrimination against you.
Address		Agency/Organization alleged to have engaged in discrimination.
City, State, Zip		City, State, Zip
Email Address		Date of Alleged Incident <input type="text"/>

Discrimination because of:	What remedy are you requesting?
Race	Color
National Origin	Gender
Age	Disability
Income	

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 <input type="text"/>
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Please Mail Complaint to:
Cynthia Meservey
Title VI Coordinator
BACTS
12 Acme Road, Suite 104
Brewer, Maine 04412
cindym@bactsmo.org