



**Bangor Area Comprehensive Transportation System (BACTS) External  
Discrimination Complaint Form  
(Title VI/Nondiscrimination and ADA/Section 504 Complaints)**

Name	Phone	Email	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	What remedy are you requesting?
	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex	
<p><b>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.</b></p>				
Signature			Date	

\*Complaints must be filed no later than **180 days** after the date of the last alleged discriminatory incident. If you need assistance transcribing a verbal complaint into a written one, please contact the Title VI Coordinator, and we will be happy to assist you.

**Please Mail Complaint to:**  
**Paige Nadeau, Title VI Coordinator**  
**BACTS**  
**12 Acme Road, Suite 204**  
**Brewer, ME 04412**  
**info@bactsmmpo.org**