



Transportation Complaint Form

ADA Complaint – ADA prohibits discrimination based on disability

Title VI Complaint – Title VI prohibits discrimination based on race, color, or national origin

Other Complaint

Please identify your complaint and check all that apply:

Race Color Sex National Origin Age Religion Limited English Proficiency

Other

Name: _____ Date: _____

Mailing Address: _____

Home or Cell Phone: _____

1. Date(s) or happenings related to this complaint: _____

2. Persons on our staff that you dealt with: _____

3. Describe what happened (continue on the back of this form or attach additional sheets if needed):

4. Name(s) and contact information of witnesses or those who have knowledge of your reason for this complaint:

I, the undersigned, give the Transportation Department permission to review and investigate the above information relevant to this complaint. I swear that the above statement(s) are true and correct to the best of my knowledge and information.

Signature: _____ Date: _____

You may submit this form via email to Transportation@DCPCAP.org or mail it to:

Transportation Director
Downeast Community Partners
248 Bucksport Road
Ellsworth, ME 04605