

**Title VI Complaint Form**  
**Northern New England Passenger Rail Authority**  
**(NNEPRA)**

NNEPRA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

How to file a complaint:

You may file a signed, written complaint up to 180 days from the date of the alleged discrimination by one of two methods:

1. By using the Title VI Complaint Form that can be found on the next page;
2. Sending a separate piece of paper that should include:
  - Your name, address and telephone number.
  - How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.
  - The names of any persons, if known, who the Title VI Reviewer could contact for clarity of your allegations.

Your complaint must be signed and dated.

Please submit your complaint to the address listed below:

Northern New England Passenger Rail Authority  
Attn: Manager Budget and Administration  
75 W. Commercial Street, Suite #104  
Portland, ME 04101

Or, you may contact:

Department of Transportation  
Federal Transit Administration  
Office of Civil Rights, TCR-1  
1201 New Jersey Avenue, SE  
Washington, DC 20590

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code
Person(s) Discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Check one)

- RACE
- COLOR
- NATIONAL ORIGIN (LIMITED ENGLISH PROFICIENCY)

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. Provide the names and titles of all NNEPRA employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

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(Complete next page of form)

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Please describe the alleged discrimination incident (continued)

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Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES     NO

If so, list agency / agencies and contact information below

Agency: _____	Contact Name: _____
Street Address, City, State & Zip Code: _____	Phone: _____

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Agency: _____	Contact Name: _____
Street Address, City, State, & Zip Code: _____	Phone: _____

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I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Complainant

Date Received:	_____
Received By:	_____