

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 service 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: Civil Rights Liaison

75 W. Commercial Street, Suite #104

Portland, ME 04101

Or, you may contact:

Department of Transportation

Federal Transit Administration

Office of Civil Rights

1200 New Jersey Avenue, SE

Washington, DC 20590

[888-446-4511](tel:888-446-4511)

<https://www.transit.dot.gov/content/contact-us-fta-office-civil-rights>

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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 (incl. 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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Please describe the alleged discrimination incident (continued).

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: _____

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

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: