Title VI and Related Statutes DISCRIMINATION COMPLAINT AGAINST THE Lowell Regional Transit Authority

Name:		Telephone (home):		Telephone (work):		
Address:			City, State, Zip Code:			
Name of LRTA Person, Organization, or Agency that You Believe Discriminated Against You:						
Address:		City, State, Zip Code:				
Date of Alleged Incident:						
You Were discriminated against on the basis of:						
□ Race	□ Color	□ Age		□ Family Stat	us	□ Religion
□ Retaliation	□ National Origin (Language)	□ Se	ex	□ Disability		□ Other
	clearly as possible wha to include how other p your case:					