



LRTA Civil Rights Complaint Form

If you need this document in an accessible format, please contact lrrta1@aol.com or [978-459-0164](tel:978-459-0164) and describe what you are looking for and we will work with you to provide you with a format that meets your needs.

Please download and fill in this form and email it to lrrta1@aol.com or print it out and mail it to LRTA Compliance Director, 115 Thorndike St, Floor 3B, Lowell, MA 01852.

This form consists of 4 pages and is applicable to any Civil Rights Complaint you would like to submit (ADA, Title VI, DBE, EEO, or another area not previously listed). Please fill in this form with as much detail as possible so that we can work to address and investigate your concerns as quickly as possible.

If you are utilizing the assistance of an individual you trust to fill out this form, please have them fill out the section below.

Name

Phone Number

Email Address

Relationship to Complainant

Do you have the permission of the aggrieved person(s) to file this complaint on their behalf? If not, please explain why.

Yes

No, Please explain



CONTACT INFORMATION

Full Name:

Street Address:

City

State

Zip Code

Primary Phone

Secondary Phone

Email Address

Today's date



BASIS OF COMPLAINT

I believe that I have been (or someone else has been) discriminated against on the basis of: *(Select all that apply)*

- Disability
- Race / Color / National Origin
- Other

I believe that the Lowell Regional Transit Authority has failed to comply with the following program requirements: *(Select all that apply)*

- Americans with Disabilities Act (ADA)
- Title VI of the Civil Rights Act of 1964 (Title VI)
- Disadvantaged Business Enterprise (DBE)
- Equal Employment Opportunity (EEO)
- Other

Please describe, in detail, what has occurred and why you believe that discrimination took place. Include details such as names, dates, times, routes, locations, and any other information you believe might be helpful in assisting us in understanding and investigating your allegations.

Attach any documentation that is relevant to this complaint, including any correspondence when submitting this form.



Permission to Release your Identity and Complaint

We need your consent to disclose your name, if necessary, in the course of this or any other investigation. We need your permission and signature to move forward with your complaint. **If permission to release your identity is not provided, it may not be possible for the LRTA to investigate your complaint and address it properly.**

The LRTA may not be able to properly investigate your claims. May we have permission to release your name within the agency as we work to investigate your complaint?

Yes

No

I, , hereby certify that the information I have provided within this form is complete, true, and correct to the best of my knowledge.