



Transportation Complaint Form

ADA Complaint **Title VI Complaint** **Other Complaint**

Please identify any A.D.A., Title VI complaint if you feel any of your rights have been violated:

(Check all that apply)

Race Color Sex National Origin Age Religion Limited English Proficiency

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) of witnesses or those who have knowledge of your reason for this complaint:

I, the undersigned, give the Compliance 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 online at compliance@midcoastconnector.org or by mailing it to:

WCAP

Transportation Department

P.O. Box 130, 9 Field Street Suite 201

Belfast, ME 04915