

APPENDIX C: TITLE VI Civil Rights Complaint Form

CAPE ANN TRANSPORTATION AUTHORITY (CATA)

CATA 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.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the CATA Administrator by calling 978-283-1886. The completed form must be returned to the CATA Administrator, 3 Pond Road, Gloucester, MA 01930.

Your Name:	Phone
Street Address:	City, State, Zip
Person(s) discriminated against 9if someone other than complainant)	
Name(s)	
Street Address, City, State, Zip	

Which of the following best describes the reason for the alleged discrimination that took place?
(Circle one)

Date of Incident: _____

Race

Color

National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all CATA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? Yes / No
Please circle one.

If so, list agency/agencies and contact information below:

Agency: _____

Street Address, City, State, Zip:

Contact Name, Phone

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

Complainants' Signature

Date

For CATA Use Only
Date Received:
received By: