
ACTON TRANSPORTATION SERVICES

ADA/Title VI Complaint Form

Background

This form is used for both Title VI and Americans with Disabilities Act (ADA) complaints.

The Civil Rights Act of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

The Town of Acton and its third-party vendors are committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to contact the Office of Diversity, Equity & Inclusion at (978) 929-6611. **Once completed, return a signed and dated copy to:**

Town of Acton
472 Main Street, Acton MA 01720
transportation@actonma.gov

Important Notice: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call (978) 929-6611. . To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Town of Acton

ADA/Title VI Discrimination Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	☐ Large Print	☐ Audio Tape
	☐ TDD	☐ Other
Section II:		
Are you filing this complaint on your own behalf?	☐ Yes*	☐ No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	☐ Yes	☐ No
Section III:		

I believe the discrimination I experienced was based on (check all that apply):

Title VI: ☐ Race ☐ Color ☐ National Origin

ADA: ☐ Disability

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section VI:

Have you previously filed a Discrimination Complaint with this agency?

☐ Yes

☐ No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes

☐ No

If yes, check all that apply:	
☐ Federal Agency: _____	
☐ Federal Court: _____	☐ State Agency: _____
☐ State Court: _____	☐ Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	
Section VI:	
Name of agency complaint is against: _____	
Name of person complaint is against: _____	
Title: _____	
Location: _____	
Telephone Number (if available): _____	

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature

Date

Please submit this form in person, mail, or email to the address in the complaint instructions.

A copy of this form can be found online at: www.irs.gov/efile