



160 Benmont Avenue, Suite 11, Bennington, VT 05201

DISCRIMINATION COMPLAINT

Vermont Public Transportation Association has processes in place to receive, investigate, and track complaints. ADA complaints are processed as required by 49 CFR 27.121(b); VPTA keeps all ADA complaints in its active file for twelve months and in summary form for five years.

Title VI complaints are processed as required by 49 CFR Section 21.9b; VPTA keeps all Title VI complaints in its active files for twelve months and in summary form for five years.

Please mail your completed form to:

**Executive Director/ADA Coordinator
Vermont Public Transportation Association
160 Benmont Avenue, Suite 11
Bennington, VT 05201**

Note: VPTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issues.

Type of alleged discrimination being reported

Title VI Related? Yes _____ No _____ Maybe _____

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

Race _____ Color _____ National Origin _____

VT Public Accommodation Related? Yes _____ No _____ Maybe _____

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

Race _____ Creed _____ National Origin _____ Color _____ Marital Status _____

Sex _____ Gender Identity _____ Sexual orientation _____

ADA Related? Yes _____ No _____ Maybe _____

I believe the discrimination I experienced was based on my disability.

Complainant's Contact Information

Name: _____

Address: _____

Telephone: _____ Email: _____

Description of alleged occurrence: Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

Date of Occurrence: _____ Time of Occurrence: _____ Location of Occurrence: _____

Details of Occurrence: _____

Name of public transit provider complaint is against: _____

Contact person: _____

May we release your identity and a copy of your complaint to the transit provider?

Yes _____ No _____

Note: VPTA may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date: _____

Note: VPTA cannot accept your complaint without a signature.

Vermont Public Transportation Association

Email: info@vptaride.org Fax: 802-442-0617 Telephone: 802-442-0629