

**DISCRIMINATION COMPLAINT AGAINST THE
MONTACHUSETT REGIONAL TRANSIT AUTHORITY**

ADA Complaint

Name of Complainant:		Telephone (daytime):		
Street Address:		City, State, Zip code:		
Name of Representative to the Complainant: (if applicable)		Relationship to the Complainant:		
Full Address (of Representative):		Telephone (daytime):		
Name (if known) of MART-related Personnel, Organization, or Agency that you believe discriminated against you:				
Location of Alleged Incident:				
Date of Alleged Incident:				
You were discriminated against on the basis of:				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Family Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Other
Provide a concise and clear account of the incident and the nature of the discrimination you faced. Specify the individuals involved and highlight how others were treated differently from you. Additionally, please include any relevant written documentation related to your case.				
Signature:			Date:	

To Contact Us:
MART's ADA Complaint Officer:

Keary Connors ADA & Transit Manager 1427R Water Street Fitchburg, MA 01420 978-345-7711 ext. 2274 Keary.Connors@mrta.us
