

**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"/> Disability	
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:	

To Contact Us:
MART's ADA Coordinator:

Transit / ADA Operations 1427R Water Street Fitchburg, MA 01420 978-345-7711 ada@mrt.us
