

**DISCRIMINATION COMPLAINT AGAINST  
NANTUCKET REGIONAL TRANSIT AUTHORITY**

The Nantucket Regional Transit Authority (NRTA) 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, national origin, age, sex or disability as provided by the Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed in writing within one hundred and eighty (180) calendar days from the date of the alleged discrimination.

**Complainant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Person allegedly discriminated against (if someone other than Complainant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Please indicate why you believe the alleged discrimination occurred:**

Race  Color  National Origin  Gender  Age  Disability  Income

**What was the date of the alleged discrimination?** \_\_\_\_\_

**Please describe the circumstances of the alleged discrimination:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (Federal, State, or local):**

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**Please list any and all witnesses' names and phone numbers:**

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**What remedy are you requesting? Please be specific:**

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As a complainant, I understand that NRTA may need to disclose my name during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of the NRTA to honor requests under the Freedom of Information of Act. I understand that it may be necessary for NRTA to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by NRTA policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by NRTA.

**Please check one:  I GIVE CONSENT  I DENY CONSENT**

Please attach any documents which support the allegation. Then sign and date this form and send all materials to the NRTA Administrator at:

**Nantucket Regional Transit Authority  
Attn: Paula Leary, Administrator  
3 East Chestnut Street  
Nantucket, MA 02554  
508-325-9571  
[nrta@nantucket-ma.gov](mailto:nrta@nantucket-ma.gov)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_