



Souhegan Valley Transportation Collaborative
PO Box 753 Hollis, NH 03049

*Serving the communities of Amherst, Brookline, Hollis, Milford,
Mont Vernon and Wilton*

SVTC TITLE VI COMPLAINT FORM

Section I:

Name:

Address:

Telephone (Home):

Telephone (Cell):

Telephone (Work):

Electronic Mail Address (email):

Section II:

Are you filing this complaint on your own behalf? (Circle One) Yes* No

*If you answered "yes" to this question, go to Section III.

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. (Circle One) Yes No

Section III:

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

Race Color Religion Gender Disability Age National Origin

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

Continued on next page

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 IV:

Have you previously filed an ADA complaint with this agency? (Circle One) Yes No

Date of filing: _____

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? (Circle One) Yes No

If Yes, check all that apply:

Federal Agency: _____ State Agency: _____ Local Agency: _____

Federal Court: _____ State Court: _____

Continued on next page

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:

Contact Person:

Title:

Telephone Number:

***You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date are required below.

Signature : _____ Date: _____

Please submit this form by mail to:
Souhegan Valley Transportation Collaborative
SVTC Board of Directors Chairperson
PO Box 753
Hollis, NH 03049