

Title VI/ADA Complaint Intake Form

Name _____ Home (____) _____

Address _____ Work (____) _____

City, State, Zip _____

Name of person filling out this form if other than the complainant:

_____ Home (____) _____

Signature _____ Date: _____

Type of Complaint: (check appropriate category): ADA _____ TITLE VI DISCRIMINATION:

Race _____
Color _____
National Origin _____

Date/Time/Location of Incident: _____

Name or description of individual the complaint is against: _____

Brief description of the complaint: _____

Use an additional page if necessary. Email to: civilrights@matsbus.com