

Transportation Complaint Form

ADA Complaint **Title VI Complaint** **Other Complaint**

Please identify any A.D.A., Title VI complaint if you feel any of your rights have been violated:

(Check all that apply)

Race Color Sex National Origin Age Religion Limited English Proficiency

Name: _____ Date: _____

Mailing Address: _____

Home or Cell Phone: _____

1. Date(s) or happenings related to this complaint: _____

2. Persons on our staff that you dealt with: _____

3. Describe what happened - continue on the back of this form or attach additional page if needed:

4. Name(s) of witnesses or those who have knowledge of your reason for this complaint:

I, the undersigned, give the Complaint Department permission to review and investigate the above information relevant to this complaint. I swear that the above statement(s) are true and correct to the best of my knowledge and information.

Signature: _____ Date: _____

You may submit this form online at info@yccac.org or by mailing it to:

York County Community Action
Director, Human Resources Department
6 Spruce St
Sanford, ME 40473-1162