



Easterseals New Hampshire Transportation Program Complaint Form

It is the policy of Easterseals New Hampshire Transportation Program to uphold and assure full compliance with Title VI of the Civil Rights Act of 1964, The Civil Rights Restoration Act of 1987, and all related statutes. Title VI and related statutes prohibit discrimination in Federally assisted programs and require that no person in the United States of America, shall on the grounds of race, color, religion, national origin, sex, age or disability be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal assistance.

Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited under Title VI and related statutes in receiving Easterseals New Hampshire Transportation services may file a written complaint to the following address:

Fred Roberge, Title VI Coordinator Easterseals New Hampshire Transportation Program
180 Zachary Rd
Manchester, NH 03109
Phone: (603) 668-8603
Fax: (603) 64-9794

More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, ***on separate pages***, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.



Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
 - Disability
 - Not Applicable
 - Other (specify): _____
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I believe that Easterseals Transportation Program has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise (DBE)
- External Equal Employment Opportunity
- Not Applicable
- Other (specify): _____

Section II

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers:
Home: _____
Cell: _____
E-Mail Address: _____

Accessible format requirements:

- Large Print
 - Not Applicable
 - Other (specify): _____
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Section III

Are you filing this complaint on your own behalf? Yes No

If not, please supply the name and relationship of the person for whom you are filing this complaint:

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: Yes No

Please sign here: _____ Date: _____

Note: We cannot accept your complaint without a signature.