



Rhode Island Public Transit Authority

Civil Rights Complaint Form

RIPTA 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, or other protected characteristics, as provided by Title VI of the Civil rights Act of 1964, as amended, and other civil rights statutes such as Equal Employment Opportunity laws and the Americans with Disabilities Act. **Complaints must be filed within 180 days from the date of the alleged discrimination.**

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Customer Service by calling (401) 781-9400. The completed form must be returned to RIPTA via e-mail: jwilliford@ripta.com OR mail to: 705 Elmwood Avenue, Providence, RI 02907, ATTN: Compliance Officer.

PERSON COMPLETING FORM:

Your Name:	Phone:	Alt. Phone:
Street Address:	City, State, Zip Code:	
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio <input type="checkbox"/> TDD <input type="checkbox"/> Other _____		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe your relationship with the person for whom you are filing this complaint:		

AGGRIEVED PERSON OR GROUP FOR WHOM YOU ARE FILING THIS COMPLAINT:

Name:	Phone:	Alt. Phone:
Street Address:	City, State, Zip Code:	
Do you have permission from this aggrieved party to file this complaint on their behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALLEGED DISCRIMINATION:

Which of the following best describes the basis of the alleged discrimination? (Select all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Limited English Proficiency) <input type="checkbox"/> Religion <input type="checkbox"/> Sex/ Sexual Orientation/ Gender Identity <input type="checkbox"/> Age	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran Status <input type="checkbox"/> Retaliation <input type="checkbox"/> Other _____ Date of alleged discrimination: _____
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Complete reverse side of form

Have you previously filed a civil rights complaint with this agency? ___ Yes ___ No

If Yes, please provide the date, brief description and the resolution of the complaint:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?

If Yes, please provide the following information:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

I affirm that I have reviewed and read all of the information provided on this form and any attached documentation and attest that it is all true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____
Received By: _____

Additional page if needed: