



NECTD Complaint Form

If you have a complaint about the accessibility of our transit service, or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Northeastern Connecticut Transit District
125 Putnam Pike (PO Box 759)
Dayville, CT 06241
email - ridesnectd@nectd.org

1 Complainant's Name:

Address:

Town:

State:

Zip Code:

Daytime Phone: ()

E-Mail Address:

Do you prefer to be contacted via e-mail? Yes No

2 Are you filing this complaint on your own behalf?

Yes, please go to question 6 No, please go to question 3

3 Please provide your name and address

Name of person filing complaint:

Address:

Town:

State:

Zip Code:

Daytime Phone: ()

E-Mail Address:

Do you prefer to be contacted via e-mail? Yes No

4 What is your relationship to the person for whom you are filing the complaint?

5 Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.

Yes, I have permission No, I do not have permission

6 I believe that the discrimination I experienced was based on (check all that apply)

Accessibility Issue Discrimination based on Disability

Race/Color National Origin Other

7 Date of alleged discrimination (Month, Day, Year):

8 Where did the alleged discrimination take place?

9 Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.

10 Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.

11 What type of corrective action would you like to see taken?

12 Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court?

No **Yes, please indicate which, where and contacts**

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

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date is required:

Signature

Date

If you completed Questions 3, 4 and 5, your signature and date is required

Signature

Date