



**Casco Bay Island Transit District
Discrimination Complaint Form
(EEO/Title VI/ ADA)**

Name	Phone	Name of Person(s) that you feel discriminated against you (if known)
Address	Position or Title of person that you feel discriminated against you (if known)	
City, State, Zip	City, State, Zip	
Agency involved: Casco Bay Island Transit District	Date of alleged incident	
Discrimination Because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Employment	What remedy are you requesting?	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material(s) pertaining to your case that may be relevant. (Use other side as necessary)		
Signature	Date	

Please mail or email complaint to:

Michael Bryand
EEO/Title VI/ADA Compliance Office
Casco Bay Island Transit District
P. O. Box 4656 DTS
Portland, ME 04112
Mikeb@cascobaylines.com
Telephone (207) 774-7871 x 133



Instructions

1. Please fill out all information completely to the best of your recollection
2. Mail or email the completed form to the address/email listed
3. Complaints must be received within 180 days of the alleged discrimination
4. If a complainant wishes to appeal any decision made by CBITD, such appeal must be submitted to CBITD no later than 10 business days after receipt of either the Closure Letter or Letter of Finding. A complainant may also file a complaint or appeal directly with the Federal Transit Administration at:

FTA Office of Civil Rights
1200 New Jersey Avenue, SE
Washington, DC 20590