

**Aroostook Regional Transportation System, Inc.  
External Discrimination Complaint Form**

**(Title VI/Nondiscrimination and ADA/Section 504 Complaints)**

Name		Phone	Name of Person(s) That Discriminated Against You
Address		Location and Position of Person (If Known)	
City, State, Zip		City, State, Zip	
Agency involved			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			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 Pertaining To Your Case.			
Signature		Date	

**Please Mail Complaint to:**

<p><b>Aroostook Regional Transportation System, Inc. Attn: Executive Director or Human Resource Manager PO Box 552, 24 Houlton Rd. Presque Isle, Maine 04769 Or Call (207) 764-5246</b></p>
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