



Maura Healey, Governor
Kimberley Driscoll, Lieutenant Governor
Gina Fiandaca, Secretary & CEO
Phillip Eng, General Manager & CEO



Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____ (Cell) _____

Email

Address: _____

—

Please indicate the nature of the alleged discrimination:

Categories protected under *Title VI of the Civil Rights Act of 1964*:

☐ Race ☐ Color ☐ National Origin (including limited English Proficiency)

Additional categories protected under related Federal and/or State laws/orders:

☐ Disability ☐ Age ☐ Sex ☐ Sexual Orientation ☐ Religion ☐ Ancestry

☐ Gender ☐ Ethnicity ☐ Gender Identity ☐ Gender Expression ☐ Creed ☐ Veteran's Status ☐ Background ☐ Low Income

Who do you allege was the victim of discrimination?

☐ You ☐ A Third Party Individual ☐ A Class of Persons

☐ Yes ☐ No

[illegible]

☐ Yes ☐ No

identify:

Have you filed a lawsuit regarding this complaint?

☐ Yes ☐ No

If yes, please provide a copy of the complaint.

Signature: _____

Date: _____

Mail to: Title VI Coordinator, MBTA Office of Diversity and Civil Rights, Suite
3800, 10 Park Plaza, Boston, MA 02116

or,

Email to: MBTACivilRights@mbta.com