



Rhode Island Public Transit Authority

Title VI 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 or national origin, as provided by Title VI of the Civil rights Act of 1964, as amended. **Title VI 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: Legal Compliance Counsel.

Your Name: JOHN FLAHERTY	Phone: 401-309-8707	Alt. Phone:
Street Address: 144 WESTMINSTER #303	City, State, Zip Code: PROVIDENCE RI 02903	
Person(s) discriminated against (if someone other than complainant): AND ALSO DWAYNE KEYES OF SOUTH PROVIDENCE NEIGHBORHOOD ASSK.		
Name(s): (SEE ATTACHED)		
Street Address, City, State & Zip Code:		

Which of the following best describes the reason for the alleged discrimination that took place? (Select one)

- ☐ Race
☐ Color
☐ National Origin (Limited English Proficiency)

Date of incident: **JULY 16, 2020 - PRESENT**

Please describe the alleged discrimination incident. Provide names and titles of all RIPTA employees involved if available. Please provide as much detail as possible: route number, date and time of day, bus number, names and contact information for witnesses. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

(SEE ATTACHED)

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Please describe the alleged discrimination incident (continued)

SEE ATTACHED

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes/ No
If so, list agency/agencies and contact information below:

Agency: RIDOT Contact Name: DINA QUEZADA
Street Address, City, State & Zip Code: TUSD CAPITOL HILL, PVO RI

Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

AND ATTACHED

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

John Flaherty

Complainant's Signature

1/18/2021

Date

Dwayne Keyes

JOHN FLAHERTY AND DWAYNE KEYES

Print or Type Name of Complainant

Date Received: _____

Received By: _____