

## WORCESTER REGIONAL TRANSIT AUTHORITY CONSENT/RELEASE FORM FOR DISCRIMINATION COMPLAINTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As a complainant, I understand that the Worcester Regional Transit Authority (WRTA) may need to disclose my name during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of the WRTA to honor requests under the Freedom of Information Act: I understand that it may be necessary for the WRTA to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by WRTA policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by the WRTA.

### **Please check one:**

**I GIVE CONSENT** and authorization to the WRTA to reveal, insofar as required for an effective investigation, my identity to persons at the organization identified by me in my formal complaint. I also authorize the WRTA to discuss, receive, and review materials and information about me with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to sign this release, and do so voluntarily.

**I DENY CONSENT** and authorization to the WRTA to reveal, in the course of its investigation of my discrimination complaint, my identity to persons at the organization

identified by me in my formal complaint, other than those who will be conducting the investigation. I also deny consent to the WRTA to disclose any information contained in this complaint to any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the WRTA to discuss, receive, and review materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I also understand that my decision to deny consent may impede the investigation of my complaint and may result in an unsuccessful resolution of my case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **sign and submit** complaint form, consent form, and any additional information to:

Mr. Jonathan E. Church, Administrator/Title VI Coordinator  
Worcester Regional Transit Authority  
60 Foster Street  
Worcester, MA 01608