

# Community Services of Starke County, Inc., Transportation Services

## Title VI Complaint Form

**Community Services of Starke County, Inc., Transportation Services** Title VI Complaint Procedure is made available in the following locations:

*(check all that apply)*

- Agency website, either as a reference in the Notice to Public or in its entirety
- Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold
- Other, \_\_\_\_\_

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining.				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission for the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced based on check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Gender Identity
<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion		
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
<b>Section IV</b>				

