

## **Title VI Complaint Form**

Please complete this form to the best of your ability. If you need translation or other assistance, contact the [IRTPD Transportation Planner](#).

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Best time of day to contact you about this complaint: \_\_\_\_\_

Email: \_\_\_\_\_

*Basis of Complaint (circle all that apply):*

Race	Color	National Origin (includes language access)
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*Date of alleged incident:* \_\_\_\_\_

### *Who discriminated against you?*

Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

*Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. If you have any other information about what happened, please attach supporting documentation to the form. (Attach additional pages if more space is needed.)*

*What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.*

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*List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address, email address below.*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_

Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

*Do you have an attorney in this matter?* \_\_\_\_\_

Name (print) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_