Civil Rights

Complaint

Form

*Alternate / accessible formats available upon request*

*Assistance completing this form available upon request*

**Note: Apart from the form, on separate pages, please describe your complaint. You should include specific details such as names, dates, times, bus numbers, witnesses, and any other information that would assist us in our investigation of your complaint allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence.**

**Section I**

I believe that I have been (or someone else has been) discriminated against based on:

€ Race / Color / National Origin

€ Disability

€ Not Applicable

€ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe that Porter County Aging and Community Services has failed to comply with the following program requirements:

€ Disadvantaged Business Enterprise

€ External Equal Employment Opportunity

€ Not Applicable

€ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Numbers:**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessible format requirements:

* Large Print
* Not Applicable
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III**

Are you filing this complaint on your own behalf? Yes No

[If you answered “yes” to this question, go to Section IV.]

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 of the aggrieved party if you are filing on behalf of a third party: €Yes €No

**Section IV**

Have you previously filed a civil rights complaint with Porter County Aging and Community Services?

* + Yes € No

If yes, when was your Complaint Filed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? € Yes € No

If yes, please provide the case number and attach any related material.

**Section V**

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign here**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: We cannot accept your complaint without a signature.**

**Please submit completed form to the attention of the Executive Director within seven days of incident:**

**Mail -** Porter County Aging & Community Services, 1005 Campbell Street, Valparaiso, IN 46385 **Fax -** 219-462-6993 **Email -** bhlindner@portercountyacs.org

**IF YOUR COMPLAINT ALLEGES DISCRIMINATION ON THE BASIS OF RACE COLOR, OR NATIONAL ORIGIN, YOU MAY FILE A COMPLAINT DIRECTLY WITH:**

**OFFICE OF CIVIL RIGHTS — FEDERAL TRANSIT ADMINISTRATION**

**1200 NEW JERSEY AVENUE, WASHINGTON, DC 20590 7**/2021

**FOR OFFICE USE ONLY**

Complaint investigated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Findings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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