

HAPCAP Title VI Discrimination Complaint Form

Section I

Your Name															
Address															
City				State				Zip Code							
Telephone (Home)								Telephone (Work)							
Email Address															
Accessible Format Requirements?		<input type="checkbox"/> Large Print		Other											
		<input type="checkbox"/> TTY													
		<input type="checkbox"/> Audio Tape													

Section II

Are you filing this complaint on your own behalf?						<input type="checkbox"/> YES*		<input type="checkbox"/> NO	
<i>*If you answered "YES" to this question, go to Section III</i>									
If not, please give the name of the person for whom you are complaining and your relationship to them.				Aggrieved Name					
				Relationship					
Please explain why you are filing for a third party.									
Have you obtained the aggrieved party's permission to file?						<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race
 Color
 National Origin

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 the names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV		
Have you filed a Title VI complaint with this agency before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
<input type="checkbox"/> YES* <input type="checkbox"/> NO

**If you answered "YES" to this question, check all that apply and list each agency or court:*

<input type="checkbox"/> Federal Agency: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> State Agency: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Federal Court: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Local Agency: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> State Court: <input style="width: 90%;" type="text"/>	

Please provide information about a contact person at the agency/court where the complaint was filed.

Contact Person Name and Title	<input style="width: 100%;" type="text"/>		
Name of Agency where complaint was filed	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
City	<input style="width: 80%;" type="text"/>	State	<input style="width: 20%;" type="text"/>
		Zip Code	<input style="width: 20%;" type="text"/>
Telephone	<input style="width: 90%;" type="text"/>		

Section VI	
Name of Agency complaint is against	<input style="width: 90%;" type="text"/>
Contact Name and Title	<input style="width: 90%;" type="text"/>
Telephone	<input style="width: 90%;" type="text"/>

You may attach any written materials or other information that you think is relevant to your complaint. SIGNATURE AND DATE REQUIRED BELOW. PLEASE PRINT THIS FORM.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Attn.: Transportation Director
3 Cardaras Drive
PO Box 220
Glouster, OH 45732