

Have you filed this complaint with any of the following agencies? Yes _____ No _____

(If you answered yes, who did you file the complaint with?)

Federal Transit Administration: _____ U. S. Department of Transportation: _____

Indiana Dept. of Transportation: _____ Department of Justice: _____

Equal Employment
Opportunity Commission: _____

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

If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.

Section IV:

Complaint is against: _____

Contact Person: _____ Title: _____

Telephone Number: _____

Attached is a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.

Section V:

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature)

Please mail your completed form to:

**ColumBus Transit
Title VI Coordinator
123 Washington St.
Columbus, IN 47201**

COMPLAINT DESCRIPTION

(You should include specific details such as names dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations.)