

**HANCOCK COUNTY SENIOR SERVICES/RIDE HANCOCK
ADA & TITLE VI COMPLAINT FORM**

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|---|-------------|-------------------|------------|
| Section I: | | | |
| Name: | | | |
| Address: | | | |
| Telephone (Home): | | Telephone (Work): | |
| Electronic Mail Address: | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape |
| | TDD | | Other |
| Section II: | | | |
| 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 of the aggrieved party if you are filing on behalf of a third party. | | Yes | No |
| Section III: | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability | | | |
| 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. | | | |
| _____ | | | |
| _____ | | | |
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| _____ | | | |

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|--------------------------------------|
| Name of agency complaint is against: |
| Contact person: |
| Title: |
| Telephone number: |

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that the information I have provided regarding this complaint is complete and accurate to the best of my knowledge. Please sign and date the form before submitting.

Signature

Date

Please submit this form in person at the address below, or mail this form to:
Suzanne Derengowski, Executive Director
1870 Fields Blvd.
Greenfield, IN 46140

A copy of this form can be found online at www.hcssi.org

Complaints may also be filed directly to the IndyGo Director of Compliance and Civil Rights. Complaints can also be sent via email to TitleVIComplaints@IndyGo.net or mailed to 1501 W Washington St, Indianapolis IN 46222.

Federal Transit Administration (FTA), at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

Federal Highway administration (FHWA) at FHWA Office, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language or mode of communication, then contact: 1-866-573-0817. For Hearing Impaired or Spanish, call Relay Indiana: Dial 711

Si se necesita información en otro idioma o modo de comunicación, a continuación, póngase en contacto con: 1-866-573-0817. Para personas con problemas auditivos o español, llamada de retransmisión Relay Indiana: Marque 711