

# Marshall County Council on Aging – Marshall County Public Transit Consolidated Civil Rights Complaint Form

|  |             |  |                        |    |
|--|-------------|--|------------------------|----|
| <b>Section I:</b>  |             |  |                        |    |
| Name:  |             |  |                        |    |
| Address:   |             |  |                        |    |
| Telephone (Primary):   |             |  | Telephone (Alternate): |    |
| E-Mail Address:  |             |  |                        |    |
| Accessible Format Requirements?  | Large Print |  | Audio Tape             |    |
|  | TDD         |  | Other                  |    |
| <b>Section II:</b>   |             |  |                        |    |
| 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 |
| <b>Section III:</b>  |             |  |                        |    |
| 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"/> Sex<br><input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Low Income   |             |  |                        |    |
| 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 additional pages as needed. |             |  |                        |    |
| _____  |             |  |                        |    |
| _____  |             |  |                        |    |
| _____  |             |  |                        |    |
| _____  |             |  |                        |    |
| <b>Section IV</b>  |             |  |                        |    |
| Have you previously filed a civil rights complaint with this agency?   |             |  | Yes                    | No |

*(form continues on reverse side)*

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_

State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

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

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

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.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Janis Holiday, Executive Director  
Marshall County Council on Aging  
Marshall County Public Transit  
1305 W. Harrison Street  
Plymouth, IN 46563