

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

Section I:				
Name:				
Address:				
Telephone (Primary):			Telephone (Alternate):	
E-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"/> Sex <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.				

Section IV				
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

NOTE: If after filing a complaint with Marshall County Council on Aging, you do not feel that the agency has resolved the issue, you may file the FTA Civil Rights Complaint Form directly with the FTA Office of Civil Rights.

Marshall County Council on Aging – Marshall County Public Transit
Formularis Consolidado de quejas de derechos civiles

Sección I:				
Nombre:				
Dirección:				
Teléfono (principal):			Teléfono (alternativo):	
Dirección de correo electrónico:				
¿Requisitos de formato accesible?	letra grande		Cinta de audio	
	TDD		Otro	
Sección II:				
¿Está presentando esta queja en su propio nombre?			Sí*	No
* Si respondió "sí" a esta pregunta, pase a la Sección III.				
De lo contrario, proporcione el nombre y el parentesco de la persona por la que se queja:				
Explique por qué ha presentado una solicitud a nombre de un tercero:				
Confirme que ha obtenido el permiso de la parte agraviada si presenta la solicitud en nombre de un tercero.			Sí	No
Sección III:				
Creo que la discriminación que experimenté se basó en (marque todo lo que corresponda):				
<input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen nacional <input type="checkbox"/> Sexo <input type="checkbox"/> Edad <input type="checkbox"/> Discapacidad <input type="checkbox"/> Bajos ingresos				
Fecha de la presunta discriminación (mes, día, año): _____				
Explique lo más claramente posible lo que sucedió y por qué cree que fue discriminado. Describa todas las personas involucradas. Incluya el nombre y la información de contacto de las personas que lo discriminaron (si se conocen), así como los nombres y la información de contacto de los testigos. Si necesita más espacio, utilice páginas adicionales según sea necesario.				
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Sección IV				
¿Ha presentado anteriormente una queja de derechos civiles ante esta agencia?			Sí	No

(el formulario continúa en el reverso)

