



## Title VI Civil Rights/ADA Complaint Form

The Fort Wayne Public Transportation Corporation (Citilink) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any of its services on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, religion, low income status or limited English proficiency, as provided by Title VI of the Civil Rights Act of 1964 and all related acts and statutes.

### Section I

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print: Yes \_\_\_\_\_ No \_\_\_\_\_ Audio Tape: Yes \_\_\_\_\_ No \_\_\_\_\_

TDD: Yes \_\_\_\_\_ No \_\_\_\_\_ Language Translation: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

### 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:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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:

- Race             Color             National Origin
- Other non-Title VI basis (e.g. income, disability, sex, etc. please describe below):

\_\_\_\_\_

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 previously filed a Title VI complaint with Citilink/FWPTC? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section V**

Have you filed this complaint with any other 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: \_\_\_\_\_ Federal Court \_\_\_\_\_ State Court \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of the complaint form/lawsuit. Please provide information about a contact at the agency/court where the complaint was filed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Section VI:**

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 (required) \_\_\_\_\_ Date (required) \_\_\_\_\_

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

**Please mail your completed form to:**

**Title VI/ADA Coordinator  
Citilink/FWPTC  
801 Leesburg Road  
Fort Wayne, IN 46808**