

APPENDIX 4



Title VI Complaint Form

In accordance with NICTD's responsibilities under Title VI of the Civil Rights Act of 1964, and pursuant to 49 CFR 21.9 (d), it is NICTD's goal to ensure that no one is denied participation in, or denied the benefits of, or is otherwise discriminated against in the provision of public transportation by commuter rail because of race, color, or national origin.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to NICTD's Office of Civil Rights Compliance, 503 N. Carroll Ave., Michigan City, IN 46360.

1. Complainant's Name _____
2. Address _____
3. City, State and Zip Code _____
4. Telephone Number (home) _____ (business) _____
5. Person discriminated against (if someone other than the complainant)
Name _____
Address _____
City, State and Zip Code _____
6. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
a. Race/Color _____
b. National Origin _____
7. What date did the alleged discrimination take place? _____
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. 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

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

Name _____

Address _____

City, State and Zip Code _____

Telephone number _____

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

Complainant's Signature

Date