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