



Miami County YMCA Transportation Program

Title VI Program Complaint Form

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Section I:

Name:

Address:

Telephone (Home): _____ Telephone (Work): _____

Electronic Mail Address:

Accessible Format Requirements?	Large Print		Audio Taped	
	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
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Section III:

I believe the discrimination I experienced was based on (check all that apply):
 Race Color National Origin

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 the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

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

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency <input type="checkbox"/> State Court _____ <input type="checkbox"/> 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

_____ Date

Please submit this form in person at the address below, or mail this form to:
 Miami County YMCA Transportation
 Stacy McBride
 34 East Sixth Street
 Peru IN 46970

**If information is needed in another language, then contact Stacy McBride
 765 472-1979, text 765 469-2371, or e-mail smcbride@mcymca.org.**