ACCESS Brown County

Consolidated Civil Rights Complaint Form

ACCESS BROWN COUNTY is responsible for ensuring proper implementation of several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the complaint investigation process, we analyze the complainant's allegations for possible deficiencies by our transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail or submit your completed form to:

Access Brown County
Kim Robinson, CEO
105 Willow St., Nashville, IN 47448

If you have questions about how to prepare a complaint, you may contact us at 1-888-888-8888. More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, ***on separate pages***, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out. DOUBLE CLICK EACH TEXT BOX TO ENTER TEXT.

Section I

I believe that I have been (or someone else has been) discriminated against based on:

- ☐ Race / Color / National Origin
- ☐ Disability
- ☐ Not Applicable
- ☐ Other (specify)

[ ]

I believe that a public transit provider has failed to comply with the following program requirements:

- ☐ Disadvantaged Business Enterprise
- ☐ External Equal Employment Opportunity
- ☐ Title VI
- ☐ Americans with Disabilities Act (ADA)
- ☐ Other(specify)

Section II

Name:

Street Address:

City: State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print ☐

Not Applicable ☐

Other ☐

Section III

Are you filing this complaint on your own behalf?

Yes ☐ No ☐

[If you answered “yes” to this question, go to Section IV.]

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 IV

Have you previously filed a civil rights complaint with our agency? Yes ☐ No ☐

If yes, what was the date?

Have you filed this complaint with any of the following agencies?

Transit Provider ☐ Department of Transportation ☐

Department of Justice ☐ Equal Employment Opportunity Commission ☐

Other ☐

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes ☐ No ☐

If yes, please provide the case number and attach any related material.

Section V

Name of public transit provider complaint is against:

Contact person Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date:

Note: We cannot accept your complaint without a signature.