Transit Authority of Stone City (TASC) Title VI Complaint Form

Section 1.				
Name:				
Address:				2011
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	mil a linear anglini tan Site
			N. *	
Are you filing this complaint or	Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this	s question, go to Section III.		275.000	
If not, please supply the name you are complaining:	and relationship of the person	for whom		1000
Please explain why you have	flied for a third party:			
				Mark Mark
Please confirm that you have obtained the permission of the aggrie		aggrieved	Yes	No
party if you are filing on be	half of a third party,			v
Section III:		has all some		rvys, _{re} part
I believe the discriminati	on I experienced was based on	(check all that a	apply):	
[] Race [] Color	[] National Origin		
Date of Alleged Discrimina	tion (Month, Day, Year):			
Describe all persons who w	le what happened and why you ere involved. Include the name if known) as well as names and ek of this form.	and contact info	rmation of the person	on(s) who
Section IV	24.5: 4 7.98° x 25.50° x 3.		Marry Case 1996	Mate Indiana Ra
	a Title VI complaint with th	is agency?	Yes	No
		450110 j .	105	

Title: Agency: Address: Telephone:	Section V	
[] Yes[] No If yes, check all that apply: [] Federal Agency: [] Federal Court[] State Agency [] State Court[] 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 information that you think is relevant to your complaint,	Have you filed this complaint with any other Federal, State, or local agency, or with a	ny Federal or State
If yes, check all that apply: [] Federal Agency:		
[] Federal Agency:	[] Yes [] No	\$
[] Federal Court	If yes, check all that apply:	
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: Telephone number:		
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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 information that you think is relevant to your complaint,	[] State Court [] Local Agency	
Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Please provide information about a contact person at the agency /court where the comp	plaint was filed.
Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Name:	
Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Title:	
Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Agency:	
Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Address:	
Name of agency complaint is against: Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Telephone:	
Contact person: Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Section VI	
Title: Telephone number: You may attach any written materials or information that you think is relevant to your complaint,	Name of agency complaint is against:	
You may attach any written materials or information that you think is relevant to your complaint,	Contact person:	4860 000 000
You may attach any written materials or information that you think is relevant to your complaint,	Title:	
	Telephone number:	
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	i	
	TR:	
	45 PM	
Signature and date required below:	You may attach any written materials or information that you think is relevant to	your complaint,
	Signature and date required below:	
Signature Date	Signature	Date
Please submit this form In person at the address below, or mail this form to:	Please submit this form In person at the address below, or mail this form to	
Transit Authority of Stone City (TASC)		
Dennis Parsley Transportation Director		

1619 K Street Bedford, IN. 47421