

**Northeast Iowa Community Action EARL Public Transit -
Title VI Discrimination Complaint Form**

NEICAC EARL Public Transit is committed to a policy of non-discrimination in the conduct of its business, including its Title VI responsibilities, and to the delivery of equitable and accessible transportation services. NEICAC recognizes its responsibilities to the communities in which it operates and to the society it serves. It is NEICAC's policy to utilize its best efforts to assure that no person shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its program of transit service delivery and related benefits. Any person who believes that he or she has been subjected to discrimination under Title VI may file a Title VI complaint with NEICAC within 180 days from the date of the alleged discrimination.

For additional information, refer to the **NEICAC Public Transportation-Title VI Complaint Process**.

Please complete the information below and send to:

NEICAC, CFO
PO Box 487
Decorah, IA 52101
Or email to: cStravers@neicac.org

SECTION 1 - CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State _____, Zip _____

Phone: (____) _____ - (Home) (____) _____ - (Cell) (____) _____ [Please note if any of the phone numbers are for a TDD or TTY.] _____

E-mail: _____@_____

SECTION 2 – FILING FOR ANOTHER PERSON

Are you filing this complaint on your own behalf? ____ Yes ____ No

[If you answered "yes" to this question, go to Section 3.]

If not, please supply the name and relationship of the person for whom you are filing the complaint:

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 3 – DISCRIMINATION COMPLAINT

I believe that I have been discriminated against on the basis of:

_____ Race _____ Color _____ National Origin

Describe the events that took place and why you believe you were subject to discrimination. For example explain who was involved and how you were treated differently than others. Please use additional sheets if necessary.

When did the alleged discrimination take place? Date ____/____/____ Time _____ a.m./p.m.

Where did the alleged discrimination take place? Specific vehicle information is helpful (e.g. vehicle number).

Is there a person you can identify who discriminated against the aggrieved party?

Name/and or Description: _____

Supporting Contacts/Witnesses – List any person whom we may contact for additional information to support your complaint (attach additional sheets if necessary).

Name & Contact Information _____

Name & Contact Information _____

Do you have additional information that you think is relevant to the investigation of your complaint?

SECTION 5 – SIGNATURE

Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information you think is relevant to your complaint.

Complainant's Signature

Date