



Title VI Complaint Form
Central Indiana Regional Transportation Authority

The Central Indiana Regional Transportation Authority (CIRTA) operates programs without regard to race, color and national origin as provided by Title VI of the Civil Rights Act of 1964. No person shall be denied the benefits of CIRTA programs based on his or her race, color or national origin.

CIRTA is committed to practicing nondiscrimination. Persons believing they have been subjected to discrimination based on race, color or national origin may file a complaint with CIRTA. Title VI complaints must be filed within 180 days of the alleged occurrence of discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance with completing this form, please contact CIRTA by calling (317) 327-7433. The completed form must be returned to CIRTA, 320 N. Meridian St., Suite 406, Indianapolis, IN 46204.

Your name:	Phone:
Street address:	Alternate phone:
	City, state, ZIP:
Name(s) of person(s) discriminated against (if someone other than complainant):	
Street address, city, state, ZIP:	

Which of the following best describes the reason for the alleged occurrence of discrimination? (Circle one)

- Race
- Color
- National origin

Date of incident: _____, 20__

Please describe the alleged discrimination incident. Provide the names and titles of all CIRTA employees involved if available. Explain what happened and whom you believe is responsible. Please use the back of this form if additional space is required.

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with other federal, state or local agencies? (Circle one) Yes / No
 If so, list agency/agencies and contact information below:

Agency:	Contact name:
Street address, city, state, ZIP:	Phone:

Agency:	Contact name:
Street address, city, state, ZIP:	Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant signature

Date

Printed or typed name of complainant

Received by: _____
Date: _____, 20____