

**DEKALB AREA RURAL TRANSIT (DART)  
Title VI Complaint Process**

DART's Title VI Complaint Procedure is made available in the following locations:

- √ Agency website, as a reference in the Notice to Public
- √ Hard copy in the central office

Note: Also available in Spanish

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion				
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

Section V

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

Yes	No
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If yes, check all that apply and list the name of the agency:

- ( ) 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:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Kimberly Teegarden, Assistant Director  
DeKalb Co. Council on Aging/DART Title VI Coordinator  
1800 E. 7th St.  
Auburn, IN 46706