

City of Huntingburg/Huntingburg Transit

Complaint/Grievance Form

Alternate means of filing a Complaint/Grievance, such as a personal interview or audio recording, will be made available upon request to the City of Huntingburg, ADA Coordinator

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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
Section III:				
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 <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Low Income				
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.				

What type of Corrective Action is the Complainant Seeking: _____				

Section IV

Have you previously filed a Title II or Title VI complaint with this agency?	Yes	No
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Section V

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

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 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:

City of Huntingburg
 Safety Manager, Donald L. Foerster
 508 E 4th Street
 Huntingburg, IN 47542