

**Title VI COMPLAINT FORM**

The purpose of this form is to help any person interested in filing a discrimination complaint with James H Drew Corporation. You are not required to use this form. You may write a letter with the same information, sign it and return it to James H Drew, 8701 Zionsville Rd, Indianapolis, IN 46268.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title V), prohibit discrimination on the basis of race, color, national origin, sex age, disability/handicap or income status in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best number to contact you: \_\_\_\_\_

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**Who do you believe discriminated against you?**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best number to contact: \_\_\_\_\_

When was the alleged discriminatory act? (month, day, year) \_\_\_\_\_

Complaints of discrimination must be filed with 180 days of the date of the alleged discriminator act. If the alleged act of discrimination occurred more than 180 day, please explain your delay in filing this complaint.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The alleged discrimination was based on:

- |            |                                |             |                                 |                 |
|------------|--------------------------------|-------------|---------------------------------|-----------------|
| Race       | <input type="checkbox"/> Color | Age         | <input type="checkbox"/> Gender | National Origin |
| Disability | Ancestry                       | Retaliation | Religious Affiliation           |                 |

**Describe the alleged act(s) of discrimination.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Provide the names of any individuals with additional information regarding your complaint:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best number to contact you: \_\_\_\_\_

Describe what the relevant information with witness may provide to support your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best number to contact you: \_\_\_\_\_

Describe what the relevant information with witness may provide to support your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like your complaint to be resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date