



Indianapolis Public Transportation Corporation
dba IndyGo
1501 W. Washington Street
Indianapolis, IN 46222
T: 317.635.2100
F: 317.634.6585
www.IndyGo.net

Title VI and ADA Complaint Form

Title VI of the Civil Rights Act of 1964 provides that any person who believes he or she has been discriminated against on the basis of race, color or national origin by the **Indianapolis Public Transportation Corporation (IPTC)** may file a formal complaint.

Similarly, The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities. Any person who believes he or she has been discriminated against based on disability may also file a formal complaint with IPTC.

Complaints may be filed by completing and submitting the **Title VI and ADA Complaint Form** by mail to the attention of the Director of Compliance and Civil Rights. IPTC investigates complaints received no more than 180 days after the alleged incident. IPTC will only process complaints that are complete. Complaint forms may be found on the IPTC website (www.indygo.net) or by calling the IndyGo Customer Service Call Center at (317) 635-3344.

Mail complaints to:

Director of Compliance and Civil Rights
Indianapolis Public Transportation Corporation
1501 W. Washington Street
Indianapolis, IN 46222

Individuals may also file complaints directly with the Federal Transit within the 180-day timeframe.

Complaints should be mailed to:

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Complaint forms may be downloaded from the FTA website at www.fta.dot.gov.

If information is needed in another language, call the IndyGo Customer Service Call Center at (317) 635-3344. Si se necesita información en otro idioma, llame al 317-635-3344.

IndyGo Title VI and ADA Complaint Form

Name of Complainant	Home Telephone
Home Address Street	City, State
Work Telephone	
Email Address	
Person discriminated against (if other than Complainant)	Home Telephone
Home Address Street	City, State
Zip	Work Telephone

1. Specific basis of discrimination (Check appropriate box(es)):

- Race
 Color
 National Origin
 Disability

2. Date of alleged discriminatory act(s) _____

3. Respondent (Name, position and work location of person you believe discriminated against you (if applicable).)

Name or Operator ID	
Position	Work Location

4. Describe how you believe you were discriminated against. What happened and who was responsible? For more space, attach additional sheets of paper.

5. Did you file this complaint with another federal, state or local agency; or with a federal or state court? Yes No. If you answered yes, please check each agency with whom the complaint was filed.

Federal Agency Federal Court State Agency State Court Local Agency

Agency Name and Date Filed _____

6. Provide contact person information for the additional agency or court:

Name		
Address Street	City, State	Zip
		Telephone

Sign complaint in the space below. Attach any supporting documents.

Signature	Date
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Please fill out this form and mail it to the IndyGo Director of Compliance and Civil Rights. Mail:
1501 W. Washington St. Indianapolis, IN 46222.
Please call (317) 614-9272 if you have questions.