



Indianapolis Public Transportation Corporation
dba IndyGo
1501 W. Washington Street
Indianapolis, IN 46222
www.IndyGo.net

Title VI and ADA Complaint Form

The Indianapolis Public Transportation Corporation (IPTC) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in the IPTC's programs or activities based on race, color, national origin, or disability as protected under Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA).

Individuals who believe that they have been subjected to discrimination may file a complaint by submitting the following Title VI and ADA complaint form. If you need assistance completing this form, you may contact the IndyGo Care Center at (317) 635-3344. Please return your completed form to the Equal Employment Opportunity Officer.

Equal Employment Opportunity Officer
Indianapolis Public Transportation Corporation
1501 W. Washington Street
Indianapolis, IN 46222
TitleVIComplaints@Indygo.net

Individuals may also file their complaints directly with the Federal Transit Authority (FTA). The FTA complaint form and information about transit-related civil rights may be accessed at this FTA website:

<https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta>

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. Failure to file the complaint within this period may result in the dismissal of the complaint.

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



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Please type or print legibly and provide all the information requested. Attach copies of all documents that you think will help support your complaint. Please do not send your original documents. Documents will not be returned.

Section I: Customer Information (Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (Home): _____ Cell: _____ Business: _____

Email Address: _____ TDD/Other: _____

Section II: Person Alleging Discrimination on Behalf of Complainant

Are you filing this complaint on your behalf? (check the appropriate box)

☐ Yes (go to question Section III) ☐ No

If no, please provide the following information for the person for whom you are filing the complaint:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Relationship: _____



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Please explain why you have filed for a third party.

Do you have the permission of the aggrieved party? ☐ Yes ☐ No

Section III: Complaint Information

Which of the following best describes why you think the discrimination took place? Was it because of:

- | | |
|--------------------------------|--|
| ☐ Race | ☐ National Origin |
| ☐ Color | ☐ Disability |

When did the alleged discrimination take place?

Please explain what happened and why you believe you were discriminated against.

Provide as many specific details about the incident as possible, including names, badge numbers of IPTC personnel, time, location (route), and the contact information for any witnesses. You may attach any additional information that is relevant to your complaint.



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Section IV: Additional Information

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? (Check the appropriate box) ☐ Yes ☐ No

If yes, check each box that applies:

☐ Federal Agency

☐ Federal Court

☐ State Agency

☐ Local Agency

☐ State Court

☐ Other: _____

Please provide contact person information for the agency or court where you also filed the complaint. Attach more sheets if necessary.

Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date Filed: _____

Section V: Signature

I affirm that the information I have provided regarding this complaint is complete and accurate to the best of my knowledge.

Signed: _____ Date: _____