TRADE INDUSTRIES

**TITLE VI COMPLAINT FORM**

# "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Mark Auten TRADE Industries

P.O. Box 70, McLeansboro, IL 62859 [autenti@hamiltoncom.net](mailto:autenti@hamiltoncom.net)

phone 618-643-4321 , ext. 701

fax 618-643-4230

Name: Address: State: Telephone:

Accessible format of Form Needed? Check all that apply 0Large Print OAudio Tape OTDD

City: ZIP:

E-mail:

OOther:

Are you filling out this complaint on your own behalf?

ONo

Name of person filing complaint:

Address:

City: State:

DYes

ZIP:

Telephone:

E-mail: Your relationship to this person:

Have you obtained permission to OYes file on this person's behalf?

ONo

The discrimination alleged was on the basis of *(check all that apply)*

ORace OColor ONational Origin OOther: Click here to enter text. Date of alleged discrimination:

*Where did alleged discrimination take place?*

Explain as clearly as possible what happened and why you believe you were discriminated against Describe all persons involved, include name and contact information of persons who discriminated against you (if known)

*Click l1ere to enter text.*

Please list any and all witness' names and contact information.

*Click here to enter text.*

What type of corrective action would you like to see taken?

*Click here to enter text.*

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

:JYes (check all that apply)

OFed.Agency: *Click here to enter text.*

0State agency: *Click here to enter text.*

OFed. Court: *Click here to enter text.*

No

OState Court

DLocal Agency: *Click here to enter text.* DLocal Court

# Please attach additional documentation as necessary. Sign and date below:

x

Your Signat ure

Printed Name