Name of person filing complaint________________________________________________________

Relationship to other/s filing the complaint _______________________________________________

Date _________________ Telephone numbers ___________________________________________

Street address ____________________________ City _______________________ Zip ___________

Email address _______________________________________________________________________

Specifics of complaint

Date incident occurred ________________________ Approximate time_____________________

Name of bus driver (if known) ____________________________ Bus vehicle number (if known) ______

Name/s of other/s in incident (if known) ____________________________

Location where incident occurred ______________________________________________________

Complaint (use back of form if more space is needed) ____________________________________

_________________________________________________________________________________

Signature of person filling out form __________________________ Date ___________ Time ______

Complaint verbally reported to ______________________________ Date ___________ Time ______

Please submit completed form to the attention of the Executive Director within seven days of incident:

Mail - Porter County Aging & Community Services, 1005 Campbell Street, Valparaiso, IN 46385
Fax - 219-462-6993   Email - bhlindner@portercountyacs.org

IF YOUR COMPLAINT ALLEGES DISCRIMINATION ON THE BASIS OF RACE COLOR, OR NATIONAL ORIGIN,
YOU MAY FILE A COMPLAINT DIRECTLY WITH:
DIRECTOR OF CIVIL RIGHTS — FEDERAL TRANSIT ADMINISTRATION
400 SEVENTH STREET, SW, ROOM 7412 – WASHINGTON, DC 20590

8/2020
Complaint investigated by _____________________________________________ Date ____________

Findings ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________