Assistance completing this form available upon request

Alternate/ accessible formats available upon request

TransPorte
102 L Street
La Porte, IN 46350

TRANSPORTE

Natalie Griffith
Ofc: (219) 326-8274
Dir: (219) 362-6565
ngriffith@cityoflaportein.gov
www.cityoflaporte.com

SECTION 1:

I believe that I have been (or someone else has been) discriminated against based on:

☐ Race / Color / National Origin

☐ Disability

☐ Not Applicable

☐ Other (specify)

_____

I believe that La Porte TransPorte has failed to comply with the following program requirements:

☐ Americans with Disabilities Act (ADA)

☐ Title VI of the Civil Rights Act of 1964 (Title VI)

☐ Disadvantaged Business Enterprise

☐ External Equal Employment Opportunity

☐ Not Applicable

Other (specify) _____

SECTION 2:

Are you filing this complaint on your own behalf? ☐ YES ☐ NO

If you answered "YES" to this question, skip to Section 3.

If not, please supply that name and relationship of the person for whom you are complaining:

_____

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

☐ YES ☐ NO

SECTION 3:

Have you previously filed a civil rights complaint with La Porte TransPorte?

☐ YES ☐ NO

If yes, when was your Complaint Filed? _____

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? ☐ YES ☐ NO

If yes, please provide the case number and attach any related material.

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COMPLAINT FORM FROM PASSENGER

DATE: _____

NAME OF PERSON FILING COMPLAINT: _____

ADDRESS: _____

TELEPHONE: _____

SPECIFICS OF COMPLAINT:

DATE OCCURRED: _____ TIME (APPROXIMATE): _____

BUS DRIVER and/or BUS NUMBER (IF KNOWN): _____

NATURE OF COMPLAINT: _____

☐ ***Check if continued on back***

SIGNATURE OF COMPLAINANT _____

DATE REPORTED: _____ TIME REPORTED: _____

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********** FOR TRANSPORTATION DEPARTMENT USE ONLY **********

COMPLAINT INVESTIGATED BY: _____

DATE: _____ TIME: _____

FINDINGS:

_____

Please mail, email, or deliver this form within 5 to 7 days of incident to:

City of La Porte TransPorte

Supervisor 102 L Street

La Porte, IN 46350

Office phone: (219) 326-8274

Direct phone: (219-362-6565

ngriffith@cityoflaportein.gov

(Please allow 7 to 10 days for a response from the City of La Porte TransPorte staff)

For help filling out this form, please call:

(219)-326-8274 or (219) 362-6565

Available in alternate formats, upon request

If not satisfied, please contact the office at (219) 326-8274 or direct line at (219)-362-6565. If your complaint alleges discrimination on the basis of race, color, or national origin, you may file a complaint directly with the Federal Transit Administration, Director, Office of Civil Rights.