

## Sycamore Services Inc. dba LINK Hendricks County

### Title VI Complaint Form

Sycamore Services Inc. dba LINK Hendricks County Title VI Complaint Procedure is made available in the following locations:  
(check all that apply)

- ✓ Agency website: www.sycamoreservices.com
- ✓ Public areas of the agency office (common area or public meeting rooms, etc.)
- ✓ Inside vehicles  
Rider Guides/Schedules  
Transit shelters and stations  
Other \_\_\_\_\_

<b>Section I:</b>	
Name:	
Address:	
Telephone (Home):	Telephone (Other):
Electronic Mail Address:	
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio <input type="checkbox"/> Other:	
<b>Section II:</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<b>*If you answered "yes" to the above question, go to Section III.</b>	
If not, please supply the name and relationship of the person for whom you are complaining:	
Name:	Relationship:
Please explain why you have filed for a third party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section III:</b>	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Low Income	
Date of Alleged Discrimination (MM/DD/YY): _____	Location:
<b>Person Involved: #1</b>	<b>Person Involved: #2</b>
Name:	Name:
Address:	Address:
Phone #:	Phone #

Description of Person:	Description of Person:
<b>Witness: #1</b>	<b>Witness: #2</b>
Name:	Name:
Address:	Address:
Phone #:	Phone #

Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.

#### Section IV

Have you previously filed a Title VI complaint with this agency?  Yes  No | If yes, Date Filed: \_\_\_\_\_

Reason for Filing/Brief Description of Complaint:

Result, check one:  Substantiated, resolution agreed upon  Not Substantiated  Unresolved

#### Section V

Have you filed this complaint with any other Federal, State, or local agency or court?  Yes  No

If yes, check all that apply and include name of agency and/or court:

Federal Agency: \_\_\_\_\_  Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_  State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_  Local Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Section VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below:

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Signature of Person for whom Complaint is Filed

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Date

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Signature of Representative

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Date

**Please submit this form in person at the address below, or mail/email this form to the following:**

Sycamore Services Inc. dba LINK Hendricks County c/o Sycamore Services, Inc. HR/QA Director, LaDonna Everroad, at Sycamore Services, Inc. Corporate office, 1001 Sycamore Lane, Danville Indiana 46122. Contact number: 1-866-573-0817 Email: lrbrinkman@sycamoreservices.com

***If information is needed in another language or mode of communication, then contact: 1-866-573-0817.***

***For Hearing Impaired or Spanish, call Relay Indiana: Dial 711***

**Si se necesita información en otro idioma o modo de comunicación, a continuación, póngase en contacto con: 1-866-573-0817. Para personas con problemas auditivos o español, llamada de retransmisión Relay Indiana: Marque 711**