

Sycamore Services Inc. dba LINK Hendricks
County Title VI & ADA 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 _____

Section I:	
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:	
Section II:	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If you answered "yes" to the above question, go to Section III.	
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	
Section III:	
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:
Person Involved: #1	Person Involved: #2
Name:	Name:
Address:	Address:
Phone #:	Phone #

Description of Person:	Description of Person:
Witness: #1	Witness: #2
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:

Signature of Person for whom Complaint is Filed

Date

Signature of Representative

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, Jennifer Sharaba, at Sycamore Services, Inc. Corporate office, 1001 Sycamore Lane, Danville Indiana 46122. Contact number: 1-866-573-0817 Email: jrsharaba@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