



**Title VI Program and ADA Coordinator**  
**Ports of Indiana**  
 150 W Market Street, Ste. 450  
 Indianapolis, IN 46204  
 E-mail address:  
 TitleVIADA@portsofindiana.com

**Instructions:**

Anyone who believes that they have been excluded from participation in, denied the benefits of, or otherwise been subjected to discrimination by Ports of Indiana because of their race, color, national origin, sex, age, disability, or Limited English Proficiency (LEP) may file a complaint. The purpose of this form is to help any person interested in filing a discrimination complaint; however, you are not required to use this form. You may write a letter with the same information, sign it, and return it to the address printed above.

Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations (Title VI), prohibit discrimination on the basis of race, color and national origin in connection with programs or activities receiving federal financial assistance. Ports of Indiana's non-discrimination policy also prohibits discrimination based on age and sex. Ports of Indiana is also required to implement measures to ensure that LEP persons and persons with disabilities have meaningful access to the services, benefits, and information about all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended. Upon request, assistance will be provided if you are an LEP individual or have a disability.

All items in bold must be completed in order for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Ports of Indiana is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act.

**\*\*Your complaint cannot be processed without your signature.**

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
E-mail address		

**When was the alleged discriminatory act? (month, day, year) (List additional dates if reporting more than one incident.)**

**Where did the alleged discrimination occur? (number and street, city, state and ZIP code)**

**Please identify the Ports of Indiana program or activity that you were attempting to access or use when the alleged discrimination occurred.**

**The alleged discrimination was based on:**

Race     Color     National Origin     Sex     Age     Disability     LEP

**Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)**

**Provide the names of any individuals with additional information regarding your complaint:**

Name of witness 1 ( <i>first, middle, and last</i> )	Title
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Name of company

Address (*number and street, city, state and ZIP code*)

Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 2 ( <i>first, middle, and last</i> )	Title
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Name of company

Address (*number and street, city, state and ZIP code*)

Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 3 ( <i>first, middle, and last</i> )	Title
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Name of company

Address (*number and street, city, state and ZIP code*)

Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

How would you like your complaint to be resolved?

Have you filed a complaint alleging the same discrimination with another federal, state, or local agency or with a court?

Yes No

*If yes, please provide the following information for each agency:*

Name of the agency or court

Date complaint filed (*month, day, year*)

Case number assigned to your complaint

Current status of your complaint

Name of the agency or court

Date complaint filed (*month, day, year*)

Case number assigned to your complaint

Current status of your complaint

Name of the agency or court

Date complaint filed (*month, day, year*)

Case number assigned to your complaint

Current status of your complaint

**Signature**

**Date signed** (*month, day, year*)