**Bosma Enterprises Title VI Complaint Form**

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please submit your complaint form to address listed below:

Human Resources

Bosma Enterprises

Address: 6270 Corporate Drive, Indianapolis, Indiana 46278

Phone: 317-684-0600

Fax: 317-871-8145

[HR@bosma.org](mailto:HR@bosma.org)

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| **Section I.** | | |
| Name: | | |
| Address: | | |
| Telephone (Home): | | |
| Telephone (Work): | | |
| Email Address: | | |
| Accessible Formats Requirements: [ ] Large Print TDD [ ] Audio Tap Other | | |
| **Section II.** | | |
| Are you filing this complaint on your own behalf? [ ] Yes [ ] No | | |
| If you answered Yes to this question, go to Section III. | | |
| If not, please supply the name and relationship of the person for whom you are complaining: |  | |
| 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. | Yes | No |
| **Section III.** | | |
| I believe the discrimination I experienced was based on (check all that apply):  [ ] Race [ ] Color [ ] National Origin  Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | | |
| **Section IV.** | | |
| Have you ever filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Federal Court:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] State Court:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Local Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | |
| Name: | | |
| Title: | | |
| Agency: | | |
| Address: | | |
| Telephone: | | |
| **Section VI.** | | |
| Name of agency complaint is against: | | |
| Contact person: | | |
| Title: | | |
| Telephone number: | | |
| Email: | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form in person to the address below, or mail this form to:

Bosma Enterprises

Address: 6270 Corporate Drive, Indianapolis, Indiana 46278

Phone: 317-684-0600

Fax: 317-871-8145

[HR@bosma.org](mailto:HR@bosma.org)