

UNION COUNTY HUMAN SERVICES

Department of Job and Family Services Senior Services Union County Agency Transportation Service (UCATS)

940 London Ave, Suite 1800 Marysville, Ohio 43040 P 937.644.1010 F 937.644.8700

Union County Agency Transportation Service (UCATS) <u>Title VI Complaint Form</u>

Reference: FTA Circular 4702.1B, Chapter III - Section 6 and Appendix D.

Section I:						
Name:						
Address:						
Telephone (Home):		Telephone (Work):				
Email Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		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 [] C	olor	[] National Origin				
Date of Alleged Discrimination (Month, Day, Year):						

Explain as clearly as possible what happened and why you believe you were discriminated	1
against. Describe all persons who were involved. Include the name and contact information	UII UI
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 the next pa	age.
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Section IV					
Have you previously filed a Title 'agency?	Yes	No			
Section V					
Have you filed this complaint wit Federal or State court?	h any other Federal, State, o	r local agency, o	or with any		
[] Yes [] No					
If yes, check all that apply:					
[] Federal Agency:					
[] Federal Court	[] State Ag	ency			
[] State Court	te 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 again	nst:				
Contact person:					
Title:					
Telephone number:					
You may attach any written mat complaint.	erials or other information th	nat you think is	relevant to your		
Signature and date required below.					
Signature		Date			
Please submit this form in perso	n at the address below, or m	ail this form to:			
Nedra Baetz, Title VI Coordinator					

Union County Human Services 940 London Avenue, Suite 1800 Marysville, Ohio 43040