## LAKETRAN Title VI Complaint Form

Section 1.					
Name:					
Address:					
Phone (Home):			(Work):		
E-Mail Address:					
Accessible Format Requirements?	Large Print		Audio tape		
	TDD		Other		
Section 2.					
Are you filing this complaint on your own behalf?		Yes*	No		
*If you answered "yes" to this question, go to Section 3.					
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			Yes	No	
aggrieved party if you are filing on behalf of a third party.					
Section 3:					
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 ther person(s) who discriminated against you (if known) as well as names and contact information of any witensses. If more space is needed, please use the back of this form.					
Section 4.					
Have you previously filed a title VI co	mplaint with this agency?	)	Yes	No	
Section 5.					
Have you filed this 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:			
[] Enderal Court:	[] State Agency:		
[ ] Federal Court:	[] Local Agency:		
[ ] State Court:			
Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Phone:			
Section 6.			
Name of agency complaint is against:			
Contact Person:			
Title:			
Phone:			
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 at the address below, or mail this form to:

LAKETRAN Matt Maier, Affirmative Action Officer 555 Lakeshore Blvd. Painesville Twp., Ohio 44077