

**BROWN COUNTY HEARTLAND EXPRESS TITLE VI CIVIL RIGHTS DISCRIMINATION
COMPLAINT FORM**

PART I – CONTACT INFORMATION *(PRINT ALL ITEMS LEGIBLE)*

NAME:

TELEPHONE/CELL:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PART II – BASIS OF DISCRIMINATION

I BELIEVE THE DISCRIMINATION I EXPERIENCED WAS BASED ON... *(PLEASE CHECK ALL THAT APPLY)*

RACE

COLOR

NATIONAL ORIGIN

PART III – INFORMATION OF ALLEGEDLY OFFENDING INDIVIDUAL (S) *(PLEASE PROVIDE INFORMATION TO THE BEST OF YOUR KNOWLEDGE)*

COMPANY NAME *(UNDER WHICH ALLEGED DISCRIMINATION OCCURRED):*

TELEPHONE:

COMPANY MAILING ADDRESS:

CITY:

STATE:

ZIP:

NAME (S) OF INDIVIDUAL (S) WHO ALLEGEDLY DISCRIMINATED:

JOB TITLE:
