

# Title VI/ADA Complaint Form

## Hillcroft Services, Inc.

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
<b>Electronic Mail Address:</b>				
<b>Accessible Format Requirements?</b>	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
Title VI:	Race	Color	National Origin	
Other:	ADA			
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.  _____ _____ _____ _____ _____				

<b>Section IV</b>		
Have you previously filed a Title VI/ADA complaint with this agency?	Yes	No
<b>Section V</b>		
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: _____		
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: Jessica Hammett		
Title: Corporate Compliance Officer		
Agency: Hillcroft Services, Inc.		
Address: 501 West Air Park Drive		
Telephone:(765) 284-4166		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

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

Signature and date required below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Hillcroft Services**  
**Jessica Hammett**  
**501 W. Air Park Drive**  
**Muncie, Indiana 47303**