Transportation Grievance Form Pathfinder Services, Inc.

Section I:
Name:
Address:
Telephone (home): Telephone (work):
Email Address:
Accessibility Requirements: \square Large Print \square TDD \square Audio Tape \square Translation \square Other
Section II:
Are you filing this complaint on your own behalf? \square Yes – go to Section III \square No
Name of person for whom you are filing this complaint:
Relationship to person for whom you are filing this complaint:
Please explain why you are filing for a third party:
Have you obtained permission to file on behalf of this person: \square Yes \square No
Section III:
I believe the discrimination I experienced was based upon (check all that apply):
□ Race □ Color □ National Origin □ Religion □ Gender □ Familial Status / Pregnancy □ Disability □ Veteran Status □ Age □ Denial of Reasonable Accommodation Request Date of alleged discrimination or date that reasonable accommodation/modification request was denied (month, day, year):
Explain as clearly as possible what happened and why you believe you were discriminated against or your reasonable modification request was denied. Describe all persons who were involved. Include the name and contact information of the person(s) involved (if known) as well as names and contact information of witnesses. If more space is needed, please attach additional pages or items that you think are relevant.

Section IV:
Have you previously filed a complaint with this agency? \square Yes \square No
Section V:
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? \Box Yes \Box No
If yes, check all that apply:
☐ Federal Agency: ☐ Federal Court:
☐ State Agency: ☐ State Court:
☐ Local Agency: ☐ Other:
Please provide contact information at the agency or court where the complaint was filed: Name:
Title:
Agency:
Address:
Telephone:
Section VI:
You may attach any written materials or additional information that you think is relevant to your complaint.
Signature and date required below:
Print Name:
Signature:
Date:
Please submit this form by email, mail, or in person to:
Pathfinder Services, Inc. Continuous Improvement 2824 Theater Avenue Huntington, IN 46750
continuousimprovement@pathfinderservices.org