



EXTERNAL COMPLAINT OF DISCRIMINATION

REAL SERVICES, INC.
1151 S. Michigan Street
South Bend, IN 46601
Email address: TitleVI@realservices.org
Telephone Number: (800) 552-2916

INSTRUCTIONS:

The purpose of this form is to help any person who believes that they have been excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any REAL Services, Inc. program or activity file a complaint or grievance of discrimination.

You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above.

REAL Services will acknowledge receipt of your complaint within 10 business days and will endeavor to investigate and resolve the complaint within 60 days.

Title VI of the Civil Rights Act require that “No person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income, and limited English proficiency (LEP), be excluded from or participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any licensing program or activity receiving federal financial assistance.” Additionally, REAL Services extends its nondiscrimination policy to include family status, ancestry, gender identity or status as a veteran.

REAL Services, Inc. believing in the dignity of all people, seeks to provide equitable service for participants of its programs and customers of its services. As a recipient of federal funds, REAL Services is required to conform to Title VI of the Civil Rights Act of 1964 (Title VI) and all related statutes, regulations, and directives, which provide that no person shall be excluded from participation in, denied benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance.

REAL Services efforts to prevent discrimination shall address, but are not limited to:

- The denial of services, financial aid, or other benefits provided under a program or in the delivery of a service.
- Distinctions in the quality, quantity, or manner in which the benefit is provided.
- Segregation or separation in any part of the program.
- Restriction in the enjoyment of any advantages, privileges, or other benefits provided to others.
- Different standards or requirements for participation.

REAL Services, Inc. shall implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to INDOT. Additionally, you have a right to seek private counsel.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

COMPLAINANT INFORMATION

Name (first, middle, and last)

Address

Telephone

Email address

PERSON YOU BELIEVE DISCRIMINATED AGAINST YOU

Name

Name of company/department

Address

Telephone:

Email:

When did the alleged discriminatory act occur? (month, day, year)

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint:

The alleged discrimination was based on:

- Race Color Gender National Origin Disability
 Age Family Status Veteran Status Gender Identity

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)

Provide the names of any individuals with additional information regarding your complaint:	
Name of witness 1	Title
Name of company	
Address (number and street, city, state and ZIP code)	
Telephone	Email
DESCRIPTION: Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.	

Name of witness 2	Title
Name of company	
Address	
Telephone	Email
DESCRIPTION: Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.	

FORMS CANNOT BE PROCESSED WITHOUT A SIGNATURE

Signature	Date signed (month, day, year)
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