PCACS Complaint Form

Alternate / accessible formats available upon request
Assistance completing this form available upon request

PCACS
Porter County
AGING & COMMUNITY SERVICES
Programs for Senior, Disabled, & Low-Income Residents

Section I

I believe that I have been (or someone else has been) discriminated against based on:

☐ Race / Color / National Origin

☐ Disability

☐ Not Applicable

☐ Other (specify) _____

I believe that Porter County Aging and Community Services has failed to comply with the following program requirements:

☐ Americans with Disabilities Act (ADA)

☐ Title VI of the Civil Rights Act of 1964 (Title VI)

☐ Disadvantaged Business Enterprise

☐ External Equal Employment Opportunity

☐ Not Applicable

☐ Other (specify) _____

Section II

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Numbers:

Home: _____Cell: _____

E-Mail Address: _____

Accessible format requirements:

☐ Large Print

☐ Not Applicable

☐ Other: _____

Section III

Are you filing this complaint on your own behalf? Yes No

[If you answered "yes" to this question, go to Section IV.]

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

Section IV

Have you previously filed a civil rights complaint with Porter County Aging and Community Services?

- Yes No

If yes, when was your Complaint Filed? _____

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Section V

Contact person: _____

Telephone number: _____

Section VI

Please describe your complaint. You should include specific details such as names, dates, times, bus numbers, witnesses, and any other information that would assist us in our investigation of your complaint allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence. If additional space is required, please attach additional pages as needed.

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Please sign here: _____

Date: _____

Note: We cannot accept your complaint without a signature.

Please submit completed form to the attention of the Executive Director within seven days of incident:
Mail - Porter County Aging & Community Services, 1005 Campbell Street, Valparaiso, IN 46385
Fax - 219-462-6993 **Email -** bhlindner@portercountyacs.org

IF YOUR COMPLAINT ALLEGES DISCRIMINATION ON THE BASIS OF RACE COLOR, OR NATIONAL ORIGIN, YOU MAY FILE A COMPLAINT DIRECTLY WITH:
OFFICE OF CIVIL RIGHTS — FEDERAL TRANSIT ADMINISTRATION
1200 NEW JERSEY AVENUE, WASHINGTON, DC 20590

9/2025

FOR OFFICE USE ONLY

Complaint investigated by _____ Date_____

Findings _____

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