

**Steuben County Council on Aging, Inc.
STAR Transportation
1905 Wohlert Street
Angola, IN 46703**

Title II of the Americans with Disabilities Act COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: Address:

City, State and Zip Code:

Telephone: Home: _____ Business: _____

Person Making the Complaint: (if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home: _____ Business: _____

Department/Agency which you believe has discriminated:

Name:

Address:

County:

City:

Telephone Number: _____

When did the event occur? Date: _____

Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary):

Has the complaint been filed with the Indiana Department of Civil Rights or the Federal Department of Justice or any other Federal agency or court? Yes

_____No_____

If yes: Agency or Court: Contact Person: Address:

City, State, and Zip Code:

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes___No___

Agency or Court:

Address:

Telephone Number:

Additional space for answers:

Signature: _____ **Date:** _____

Return to:

Steuben County Council on Aging, Inc. / STAR Transportation

Attn: Transportation Director

1905 Wohlert Street

Angola, IN 46703

Phone: 260-665-9856 Email: odalton@steubenco.org