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| Complaint Form | | |
| Name: | | |
| Address: | | |
| Telephone (Home): | | Telephone (Work): |
| Electronic Mail Address: | | |
| Accessible Format Requirements? | Large Print TDD | Audio Tape Other |
| Section II: | | |
| 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 |
| Section III: | | |
| I believe the discrimination I experienced was based on (check all that apply): | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | | |
| 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. | | |
| | | |
| Section IV | | |
| Have you previously filed a Title VI complaint with this agency? | Yes | No |
| Section V | | |

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: _____
 Title: _____
 Agency: _____
 Address: _____
 Telephone: _____

Section VI
 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

Signature _____ Date _____

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

Hubbard County Heartland Express
 205 Court Ave
 Park Rapids, MN 56470

Title VI Investigations, Complaints and Lawsuits Log

Last Updated: 7/11/2025