



**Noble**  
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# Title VI Discrimination Complaint Form

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Address, City, State, Zipcode

\_\_\_\_\_  
Email

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Person Discriminated Against (if other than Complainant)

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Address, City, State Zipcode

\_\_\_\_\_  
Email

\_\_\_\_\_  
Work Phone

1. Specific Basis of Discrimination:  Race  Color  National Origin

2. Date of Alleged Discriminatory Acts: \_\_\_\_\_

3. Respondent (*person you believe discriminated against you*) \_\_\_\_\_  
Name or Operator ID

\_\_\_\_\_  
Position

\_\_\_\_\_  
Work Location

4. Describe how you believe you were discriminated, what happened and who was responsible. Attach additional sheets of paper if needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did you file this complaint with another federal, state or local agency, or a federal or state court?  Yes  No  
If yes, the complaint was filed:  Federal Agency  Federal Court  State Agency  State Court  Local Agency

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Date Filed

6. Please provide the contact person's information for the additional agency or court:

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address, City, State Zipcode

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Mail this form and any supporting documents to Noble, Attn: Vice President of Compliance & Operations,  
7701 E. 21<sup>st</sup> Street, Indianapolis, IN 46219. You may also fax them to 317-375-2728.