



**Noble**  
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# Title VI Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Noble, Inc. may file a Title VI complaint by completing and submitting Noble's Title VI Complaint Form by mail or fax to the attention of the Director of Safety, Risk Management and Compliance.

Noble investigates complaints received no more than 180 days after the alleged incident. Noble will process complaints that are complete. Complaint forms may be found on Noble's website or by calling Noble's Administrative Office at (317) 375-2700.

Once the complaint is received, Noble will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing whether the complaint will be investigated by our office.

Noble has 60 days to investigate the complaint. If more information is needed to resolve the case, Noble may contact the complainant. The complainant has 10 business days from the date of the request letter to send requested information to the Director of Safety, Risk Management and Compliance. If the Director of Safety, Risk Management and Compliance is not contacted by the complainant or does not receive the additional information within 10 business days, Noble can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue the case.

After reviewing the complaint, the Director of Safety, Risk Management and Compliance will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, the complainant has 15 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, Attn: Title VI Program Coordinator, East Building, 1200 New Jersey Avenue SE, Washington, DC 20590.

If this information is needed in another language, please contact (317) 375-2700.



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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  Disability

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