

Owen County Title VI Complaint Form

Section 1: Personal Information **Date of Complaint Filed:**

Please fill in completely and legibly.

Last Name Middle Initial First Name

Street Address City State Zip Code

Telephone Number (including area code) Best time to call this number

Alternate Telephone Number (including area code) Best time to call this number

Email Address

Section 2: Information Supporting Discriminatory Act(s)

Please provide information identifying alleged discrimination and any additional information to support claim (use additional pages as necessary and provide documentation supporting the allegation).

Please fill in completely and legibly.

Name of: *Person or Business, Company, Department or other identified party*

Location where Discriminatory Act Occurred: Street Address, City, State, Zip Code

Witness #1 Name: *(First, Last)* Address: Street, City, Town, State, Zip

Witness #2 Name: *(First, Last)* Address: Street, City, Town, State, Zip

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

Alleged discrimination was based on: (Please Circle Applicable)

Race ⇔ Color ⇔ Age ⇔ Gender ⇔

National Origin ⇔ LEP ⇔ Disability ⇔

Ancestry ⇔ Retaliation ⇔ Religious Affiliation ⇔

Income Status ⇔ Sexual Orientation ⇔ Gender Identity ⇔

Other *(Provide Reason)* :⇔

Section 3: Describe the alleged act(s) of discrimination (Use Additional pages if necessary)

Please provide a specific location(s) of where issues exist prompting this complaint.

Section 4: Witness #1 Description

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act:

Date of Witnessed Discriminatory Act:

Contact Information:

Signature:

Phone:

Alt. Phone:

E-mail:

Section 5: Witness #2 Description

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act:

Date of You Witnessed Discriminatory Act:

Contact Information:

Signature:

Phone:

Alt. Phone:

E-mail:

Section 6: Additional Information

If you have any suggestions or would like to provide any helpful information in ways this can be changed to prevent future discriminatory acts, please provide us with your input.

Please sign and date this form.

Signature

Date

Mail completed complaint form to:

ADA Coordinator:

Address:

E-Mail:

Phone:

Jack White

908 W. Hillside Ave.

Spencer, Indiana 47460

jack.white@owencounty.in.gov

(812) 829-5035

TTY: 711

For Office Use Only:

Date received

Date investigated

Summarize Findings, Analyze Data Collected, and Write an Explanation of Results how to Resolve Discriminatory Act(s) (with supporting documentation or photographs):

Date Complainant contacted

Method of Contact

- Phone
- Letter
- Email

Complaint Resolved?

- Yes
- No

Printed Name of Person
Investigated & Reviewed
Discriminatory Act:

Signature

Last Updated 7/1/2023