

Town of Porter Title VI Complaint Form

COMPLAINANT INFORMATION			
Name <i>(first, middle, last)</i>			
Address <i>(number & street, city, state & ZIP code)</i>			
Home Telephone Number		Work Telephone Number	
Cellular Telephone Number			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Are you filing this complaint on your own behalf?		Yes*	No
<i>*If you answered "yes" to this question, go to the next section</i>			
If not, please supply the name and relationship of the person for whom you are filing this complaint			
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
COMPLAINT			
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 <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability/Handicap <input type="checkbox"/> Religion			
<input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Income Status <input type="checkbox"/> Other _____			
Date of Alleged Discrimination (Month, Day, Year) _____			
Complaints of discrimination must be filed within 180 days 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.			

Name of Agency or Department complaint is against _____			
Address _____			
Contact Person _____			
Telephone Number _____			
Name(s) of employee(s) involved, if known _____			

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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 or attach additional sheets of paper.

Have you previously filed a Title VI complaint with this agency?

Yes

No

WITNESS #1

Name *(first, middle, last)*

Address *(number & street, city, state & ZIP code)*

Home Telephone Number

Work Telephone Number

Cellular Telephone Number

Include a brief description of the relevant information the witness may provide to support your complaint

WITNESS #2

Name *(first, middle, last)*

Address *(number & street, city, state & ZIP code)*

Home Telephone Number

Work Telephone Number

Cellular Telephone Number

Include a brief description of the relevant information the witness may provide to support your complaint

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OTHER FILINGS

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 Court _____

State Agency _____

Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed

Agency/Court Name _____

Agency/Court Contact Name _____

Agency/Court Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Please sign and date below. You may attach written materials, photographs or other documentation that you think is relevant to your complaint.

Printed Name

Signature

Date

Please submit this form to:

**Michael Barry, Title VI Coordinator
Town of Porter
303 Franklin Street
Porter, IN 46304**