

RUSH COUNTY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with Rush County Indiana pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" and the Americans with Disabilities Act of 1990. If you need assistance completing this form, please contact us by telephone at 765-932-2926. You are welcome to add additional pages if necessary. You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint. Complaints of discrimination must be filed within 180 days of the alleged discrimination. This form MUST be completed by the complainant or the complainant's designated representative.

Complainant's Personal Information:

Complainant

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (home/work) _____ (cell)

Name of person completing this form, if different from above: _____

Your relationship to the complainant indicated above: _____

Alleged Discrimination – Details of Complaint:

I. Identify the entity, department or program that discriminated:

County and Department name

Program Name (if applicable)

Individual Names (if known)

Date alleged discrimination began: _____

Last or most recent date of alleged discrimination: _____

II. What is the basis for this complaint?

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the County or Department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled "Race/Color" and write "African American" in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled "Gender" and write "female" in the space provided.

- | | |
|--|---|
| <input type="checkbox"/> Race/Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Gender _____ | <input type="checkbox"/> Disability _____ |

III. Explain what happened:

Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint.)

IV. How can this/these issue(s) be resolved to your satisfaction?

V. What is the most convenient time and place for use to contact you about this complaint?

VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:

Name: _____
Telephone Number: _____

VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:

Name of Attorney: _____

Address: _____

Telephone number: _____

Your Signature: _____

Date: _____

Note: The laws enforced by this County prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Jodi Harr
Title VI Coordinator
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Phone: (765)932-8357
Facsimile: (765)938-1163