Attachment D: COMPLAINT POLICY AND DISCRIMINATION FORM

Title VI Coordinator:	Jodi Harr
Address:	101 E 2nd St., Room 212 Rushville, IN 46173
E-Mail:	hr@rushcounty.in.gov
Phone:	(765) 932-8357 **TTY:** 711

INSTRUCTIONS:

The purpose of this form is to help any person interested in filing a discrimination complaint with Rush County, Indiana. If the complaint is against Rush County, Indiana, the County's Title VI Coordinator will forward it to the appropriate state or federal agency for investigation.

You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above or contact the Title VI coordinator and arrangements can be made where the coordinator may write a complainant and accept the complainant's signature on the prepared complaint document.

All items in bold must be completed. Failure to provide complete information may impair the investigation of your complaint.

Rush County, Indiana will provide assistance if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Indiana Relay Service.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Rush County, Indiana. Additionally, you have a right to seek private counsel.

Rush County, Indiana and its sub-recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she, in good faith opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

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.

Your complaint cannot be processed without your signature.

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Rush County, IN 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)* Contact Phone Number | Address: Street, City, County, State, Zip

Witness #2 Name: (*First, Last),* Contact Phone Number | Address: Street, City, County, 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 ⇔	LEP ⇔
National Origin ⇔	Ancestry ⇔	Disability ⇔	Sexual Orientation ⇔	
Retaliation ⇔	Religious Affiliation ⇔		Income Status⇔	
Gender Identity ⇔	Other:⇔:			

- **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:
Rush County

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Address:	101 E 2nd St., Room 212 Rushville, IN 46173
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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:_____

Contacted By:_____

CASE NUMBER:_____

Method of Contact:

- ☐ **Email**
- ☐ **Mail / Letter**
- ☐ **Phone**

Printed Name of Person Investigated & Reviewed Discriminatory Act:

_____

Signature:

_____