

TITLE VI COMPLAINT FORM
Perry County, Indiana

Complainant's Name: _____ Date: _____

Address: _____

City, State, & Zip Code: _____

Phone Number: _____ Email Address: _____

Person discriminated against: (if someone other than the complainant)

Name: _____ Phone Number: _____

Address: _____

City, State, & Zip Code: _____

Please indicate why you believe the discrimination occurred:

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Income status | <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Other (Please explain below) |

What was the date of the alleged discrimination?: _____

Where did the alleged discrimination take place?: _____

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible. *(Attach additional pages if needed)*

Please list any and all witnesses' names, phone numbers and email addresses:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state or local agency; or with any federal or state court? ___ Yes ___ No

If yes, which court or agency? _____

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date and send your complaint to:

Teresa Kanneberg, County Administrator / Title VI & ADA Coordinator
Perry County Courthouse
2219 Payne Street
Tell City, IN 47586

Printed name: _____

Signature: _____ Date: _____