

TITLE VI COMPLAINT FORM

County of Johnson, Indiana
An Equal Opportunity Employer

Section 1:

Complainant's Name: _____ Date: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____ Email address: _____

Accessible Format: [] Large Print [] Audio Tape
Requirements: [] TDD [] Other

Section 2:

Are you filing this complaint on your own behalf? [] Yes [] No

*If you answered "yes" to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

_____ Name _____ Relationship

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

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

Name: _____ Phone Number: _____

Address: _____

City, State & Zip Code: _____

Section 3:

Please indicate why you believe the discrimination occurred:

- Race
- Color
- National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

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: _____

Section 4:

Have you previously filed a Title VI complaint with Johnson County? Yes No

Section 5:

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 Agency: _____

State Court: _____

Local Agency: _____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section 6:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

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

Barbara Davis
ADA & Title VI Coordinator
86 West Court Street
Franklin, IN 46131
Voice (317) 346-4329
Fax (317) 736-8066
E-mail: bdavis@co.johnson.in.us

Printed name: _____

Signature: _____ Date: _____