

Vanderburgh County Complaint Form

COMPLAINANT INFORMATION			Page 1 of 4												
Complainant Name <i>(first, middle, last)</i>															
Address <i>(number and street, city, state and ZIP code)</i>															
Home telephone number () -	Work telephone number () -	Cellular telephone number () -													
Email address		Date <i>(month, day, year)</i>													
PERSON DISCRIMINATED AGAINST (if different than complainant)															
Name <i>(first, middle, last)</i>															
Address <i>(number and street, city, state and ZIP code)</i>															
Home telephone number () -	Work telephone number () -	Cellular telephone number () -													
Email address		Date <i>(month, day, year)</i>													
PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU															
Name <i>(first, middle, and last)</i>		Title													
Name of Office or Agency															
Address <i>(number and street, city, state, and ZIP code)</i>															
Home telephone number () -	Work telephone number () -	Cellular telephone number () -													
What was the date of the last alleged discriminatory act? <i>(month, day, year)</i> _____															
Where did the alleged discrimination take place? _____															
The alleged discrimination was based on: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Age</td> </tr> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Sexual Orientation</td> <td><input type="checkbox"/> Gender Identity</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Religion</td> </tr> <tr> <td><input type="checkbox"/> Income Status</td> <td><input type="checkbox"/> Limited English Proficiency</td> <td><input type="checkbox"/> Other – please explain below:</td> </tr> </table>				<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:
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<input type="checkbox"/> Income Status	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Other – please explain below:													
Other:															

Complainant Name (first, middle, last):

Date (month, day, year)

Please describe the alleged act(s) of discrimination. Be as specific as possible. *(Attach additional pages if necessary)*

Provide the names of any individuals with additional information regarding your complaint. Use additional copies of this form if necessary.

Name of Witness No. 1 *(first, middle, last)*

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

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Email address	Date <i>(month, day, year)</i>
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:

Name of Witness No. 2 *(first, middle, last)*

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

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Email address	Date <i>(month, day, year)</i>
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:

Complainant Printed Name (first, middle, last):

Signature:

Date Signed:

Please note that your complaint cannot be processed without your signature.

Please submit this complaint form and any other documents or other information that you believe is relevant to your complaint to the following addresses:

President, Board of Commissioners of Vanderburgh County
Vanderburgh County Title VI Coordinator
305 Civic Center Complex
1 NW ML King Jr. Blvd.
Evansville, IN 47708

David L. Jones
Jones • Wallace, LLC
20 N.W. Third Street
Suite 400
P.O. Box 1065
Evansville, IN 47706-1065