HANCOCK COUNTY, INDIANA
TITLE VI COMPLAINT FORM

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:

___Race
___Color
___National Origin
___Other Please explain:_____

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 address:

_____

_____

_____

_____

_____

_____

_____

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:

Heather Carlton
Title VI Coordinator
111 S. American Legion Place, Suite 217
Greenfield, In 46140
317-477-1105

Printed name:_____

Signature:_____Date:_____