

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in City of Rising Sun programs, services or activities, please provide the following information in order for us to assist in processing your complaint and present the complaint in person or send by certified mail to:

Deedee Brown, Title VI Coordinator
City of Rising Sun
P O Box 172
200 N Walnut St
Rising Sun, IN 47040

CASE NUMBER _____
FOR OFFICE USE ONLY

PLEASE PRINT CLEARLY

SECTION 1 – COMPLAINANT INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell Phone _____
Email address _____

Are you filing this complaint on your own behalf? **Circle one:** YES NO

IF you answered **YES** to this question, **go to SECTION 2.**

IF you answered **NO** to this question, please supply the name and relationship to you of the person for whom you are submitting this form:

Person filing for _____ Relationship to you _____

Please confirm you have obtained the permission of the aggrieved party to file for them: **Circle one:** YES NO

SECTION 2 – PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name _____ Title _____

Department _____

When was the alleged discriminatory act? (month, day, year) _____

I believe the alleged discrimination was based on:

RACE COLOR AGE RELIGION NATIONAL ORIGIN
 GENDER DISABILITY ANCESTRY RETALIATION FOR A COMPLAINT

Describe the alleged act(s) of discrimination: *(Use additional pages, if necessary)*

Please continue to second page:

Provide the names of any individuals with additional information regarding your complaint:

Witness _____ Phone Number _____

Brief description of relevant information _____

Witness _____ Phone Number _____

Brief description of relevant information _____

Witness _____ Phone Number _____

Brief description of relevant information _____

What type of corrective action would you like to see taken by the City?

SECTION 3

Have you previously filed a Title VI complaint with this agency? Circle one: YES NO

Have you filed a complaint alleging the same discrimination with a state or federal agency? Circle one: YES NO

If YES, please provide the following information for each agency:

Agency _____ Date complaint filed _____

Telephone _____ Case number assigned your complaint _____

Agency _____ Date complaint filed _____

Telephone _____ Case number assigned your complaint _____

Please attach any written materials or other information you think is relevant to your complaint.

Your signature and the date you signed this form is required below.

SIGNATURE

DATE