***INSTRUCTIONS:***

*The purpose of this form is to help any person interested in filing a discrimination complaint with Pulaski County. Pulaski County’s Title VI Program Manager will forward it to the appropriate federal agency for investigation.*

*You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above.*

*All items in bold must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.*

*Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability, religion, low income status, sexual orientation, or limited English proficiency in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration, Federal Transit Administration and/or Indiana Department of Transportation. These prohibitions extend to Pulaski County as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.*

*Pulaski County is also required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.*

*Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape, or Braille. For TTY customers, dial 711 to reach the Indiana relay service.*

*You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Pulaski County. Additionally, you have a right to seek private counsel.*

*Pulaski County and its sub recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.*

*Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.*

*Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.*

***\*\*Your complaint cannot be processed without your signature.***

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| **COMPLAINANT INFORMATION** | | |
| Name (*first, middle, last)* | | |
| Address (*number and street, city, state and ZIP code)* | | |
| Home telephone number  ( ) - | Work telephone number  ( ) - | Cellular telephone number  ( ) - |
| Name of complainant | | Date *(month, day, year)* |

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| **PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU** | | | |
| Name *(first, middle, and last)* | | Title | |
| Name of company | | | |
| Address *(number and street, city, state, and ZIP code)* | | | |
| Home telephone number  ( ) - | Work telephone number  ( ) - | | Cellular telephone number  ( ) - |
| **When was the last alleged discriminatory act? *(month, day, year)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.** | | | |
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