

Appendix F

TITLE VI COMPLAINT FORM

**Dearborn County, Indiana
an Equal Opportunity Employer**

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)

Appendix F cont.

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:

**Sue Ann Hayden, Title VI Coordinator
Office of the County Commissioners – 3rd Floor Administration Building
Dearborn County Government Center
165 Mary Street
Lawrenceburg, IN 47025
Phone: (812) 537-8894
Email: shayden@dearborncounty.in.gov**

Printed name: _____

Signature: _____ Date: _____