

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)

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Please list any and all witnesses' names, phone numbers and email address:

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What type of remedy would you suggest?

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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 – 3<sup>rd</sup> 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: \_\_\_\_\_