

## EXTERNAL COMPLAINT OF DISCRIMINATION

**Debra Adams, Title VI Coordinator  
City of New Haven, Indiana  
815 Lincoln Hwy E  
New Haven, IN 46774  
Telephone number: 260-748-7019  
Fax number: 260-748-7006  
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### **INSTRUCTIONS:**

*The purpose of this form is to help any person interested in filing a discrimination complaint with the City of New Haven, Indiana. If the complaint is against the City of New Haven, Indiana, the City's Title VI Coordinator 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, disability, sex, age, low income status or limited English proficiency in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to the City of New Haven, Indiana as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.*

*The City of New Haven, Indiana will provide assistance 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 the City of New Haven, Indiana. Additionally, you have a right to seek private counsel.*

*The City of New Haven, Indiana 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. 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.**

<b>COMPLAINT INFORMATION</b>		
Name (first, middle, and 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)
<b>PERSON/AGENCY/COMPANY YOU BELIEVE DISCRIMINATED AGAINST YOU</b>		
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) _____		
<p><b>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.</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p><b>The alleged discrimination was based on:</b></p> <p> <input type="checkbox"/> Race      <input type="checkbox"/> Color      <input type="checkbox"/> Age      <input type="checkbox"/> Gender      <input type="checkbox"/> National Origin      <input type="checkbox"/> LEP  <input type="checkbox"/> Disability      <input type="checkbox"/> Ancestry      <input type="checkbox"/> Retaliation      <input type="checkbox"/> Religious Affiliation      <input type="checkbox"/> Income Status </p>		



Name of complainant		Date (month, day, year)
<b>Provide the names of any individuals with additional information regarding your complaint:</b>		
Name of witness 1 (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 ( ) -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		
Name of witness 2 (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 ( ) -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		
Name of witness 3 (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 ( ) -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		

Name of complainant	Date (month, day, year)
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How would you like your complaint to be resolved?

Have you filed a complaint alleging the same discrimination with another state or federal agency?

Yes       No

*If yes, please provide the following information for each agency:*

Name of agency	Date complaint filed ( <i>month, day, year</i> )
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with the City of New Haven, Indiana?

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Signature	Date signed ( <i>month, day, year</i> )
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