## EXTERNAL COMPLAINT OF DISCRIMINATION

## **INSTRUCTIONS:**

The purpose of this form is to help any person interested in filing a discrimination complaint with the Town of Dune Acres. 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 below. All bold items 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/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to the Town of Dune Acres as a sub-recipient of federal financial assistance.

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.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to the Town of Dune Acres). Additionally, you have the right to seek private counsel.

The Town of Dune Acres is 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 below.

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.

## **External Complaint Form**

100 100 100 100 100 100 100 100 100 100	COMPLAINANT	INFORMATION		ALL THE RESERVE OF THE PERSON
Name (first, middle, and last)		*		
Address (number and street, city, state and ZIP co	ode)			
Home telephone number	Work telephone number		Cellular telephone numbe	r
( ) - *			( ) -	
Name of complainant			Date (month, day, year)	
	GENCY YOU BELIEV		GAINST YOU	
Name (first, middle, and last)		Title		-
Name of company			1,	
Address (number and street, city, state and ZIP co	ode)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Home telephone number	Made tolophono numb		Collular tolerhens	
Home telephone number ( ) -	Work telephone number		Cellular telephone numbe	
When was the last alleged discriminatory	act? (month, day, yea	ar)		
Complaints of discrimination must be file discrimination occurred more than 180 da				ne alleged act of
				1.0
The alleged discrimination was based on Race Color C	: Gender ☐ Natio	onal Origin Disa	ability 🗌 Age	Retaliation
Describe the alleged act(s) of discriminat	ion. (Use additional pa	ages, if necessary.)	A STATE OF THE STA	
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		***************************************		

Name of complainant			Date (month, day, year)		
Provide the names of any individua	ale with additional informa	tion regarding	vous complaint		
Name of witness 1 (first, middle, and last)		Title	your complaint.		
Name of company					
Address (number and street, city, state ar	nd ZIP code)		·		
Home telephone number	Work telephone numi	per	Cellular telephone number		
( ) -	( ) -		( ) -		
nclude a brief description of the relev			support your complaint of discrimination.		
Name of witness 2 (first middle and last					
Name of witness 2 (first, middle, and last)		Title			
Name of company					
Address (number and street, city, state at	nd ZIP code)	,			
Home telephone number	Work telephone num	ber	Cellular telephone number		
( ) -	( ) -		( ) -		
			support your complaint of discrimination.		
Name of witness 3 (first, middle, and last)		Title	Title		
Name of company					
Address (number and street, city, state a	nd ZIP code)				
Home telephone number	Work telephone num	hor	Callular talanhana numbar		
( ) -	( ) -	loe!	Cellular telephone number  ( ) -		
· · · · · · · · · · · · · · · · · · ·	want information the wit	mou provide to	support your complaint of discrimination.		
monade a bile description of the rele	want information the withess	may provide to s	support your complaint of discrimination.		
How would you like your complaint t	a ha maaliad?				
How would you like your complaint t	to be resorved?				
10					

Name of complainant		Date (month, day, year)	
Have you filed a complaint alleging the same discr	imination with another state or fe	ederal agency?	
If yes, please provide the following information for	each agency:		
Name of the agency		Date complaint filed (month, day, year)	
Case number assigned to your complaint	Current status of your complaint		
How did you learn about your right to file a discrim	ination complaint with INDOT?		
	***************************************		
Signature		Date signed (month, day, year)	