

Vanderburgh County Complaint Form

COMPLAINANT INFORMATION			<i>Page 1 of 4</i>
Complainant Name (<i>first, middle, last</i>)			
Address (<i>number and street, city, state and ZIP code</i>)			
Home telephone number () -	Work telephone number () -	Cellular telephone number () -	
Email address		Date (<i>month, day, year</i>)	
PERSON DISCRIMINATED AGAINST (if different than complainant)			
Name (<i>first, middle, last</i>)			
Address (<i>number and street, city, state and ZIP code</i>)			
Home telephone number () -	Work telephone number () -	Cellular telephone number () -	
Email address		Date (<i>month, day, year</i>)	
PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU			
Name (<i>first, middle, and last</i>)		Title	
Name of Office or Agency			
Address (<i>number and street, city, state, and ZIP code</i>)			
Home telephone number () -	Work telephone number () -	Cellular telephone number () -	
What was the date of the last alleged discriminatory act? (<i>month, day, year</i>) _____			
Where did the alleged discrimination take place? _____			
The alleged discrimination was based on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Income Status </div> <div style="width: 30%;"> <input type="checkbox"/> Color <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Limited English Proficiency </div> <div style="width: 30%;"> <input type="checkbox"/> Age <input type="checkbox"/> Gender Identity <input type="checkbox"/> Religion <input type="checkbox"/> Other – please explain below: </div> </div>			
Other:			

Complainant Name (first, middle, last):

Date (month, day, year)

Please describe the alleged act(s) of discrimination. Be as specific as possible. (*Attach additional pages if necessary*)

Provide the names of any individuals with additional information regarding your complaint. Use additional copies of this form if necessary.

Name of Witness No. 1 (*first, middle, last*)

Address (*number and street, city, state and ZIP code*)

Home telephone number
() -

Work telephone number
() -

Cellular telephone number
() -

Email address

Date (*month, day, year*)

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:

Name of Witness No. 2 (*first, middle, last*)

Address (*number and street, city, state and ZIP code*)

Home telephone number
() -

Work telephone number
() -

Cellular telephone number
() -

Email address

Date (*month, day, year*)

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:

Complainant Printed Name (first, middle, last):

Signature:

Date Signed:

Please note that your complaint cannot be processed without your signature.

Please submit this complaint form and any other documents or other information that you believe is relevant to your complaint to the following addresses:

President, Board of Commissioners of Vanderburgh County
Vanderburgh County Title VI Coordinator
305 Civic Center Complex
1 NW ML King Jr. Blvd.
Evansville, IN 47708

Ryan Schulz, Vanderburgh County Attorney
Kahn, Dees, Donovan & Kahn, LLP
501 Main Street, Suite 305
P.O. Box 3646
Evansville, IN 47735-3646