

TIPTON COUNTY COMPLAINT OF DISCRIMINATION FORM



Sherri Crawford

ADA / Title VI Coordinator

405 Market Road

Tipton, IN 46072

s.crawford@tiptoncounty.in.gov

(765) 675-4508

INSTRUCTIONS:

The purpose of this form is to help any person interested in filing a discrimination complaint with the County of Tipton. You are not required to use this form. You may write a letter with the same information, sign it and return 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 County of Tipton 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 County of Tipton. Additionally, you have the right to seek counsel.

Please make a copy of your complaint form for your personal records. Do not send your original supporting documents as they will not be returned. Mail the **original** complaint form along with any copies of supporting 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 of the from the alleged act, please explain your delay in filing this complaint.

YOUR COMPLAINT CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

All complaints are to be sent to:

Sherri Crawford, ADA/Title VI Coordinator

405 Market Road

Tipton, IN 46072

(765) 675-4508

s.crawford@tiptoncounty.in.gov

YOUR COMPLAINT WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

Available in an alternative format upon request.

COMPLAINANT INFORMATION

NAME (first, middle, last)

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ADDRESS (number and street, city, state and ZIP code)

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HOME TELEPHONE NUMBER

--

WORK NUMBER

--

MOBILE NUMBER

--

DATE (month, day, year)

--

PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

NAME (first and last)

TITLE

--	--

NAME OF DEPARTMENT

--

ADDRESS (number and street, city, state and ZIP code)

--

PHONE NUMBER

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WHAT DATE WAS THE ALLEGED DISCRIMINATORY ACT?

DATE (month, day, year)

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COMPLAINTS OF DISCRIMINATION MUST BE FILED WITHIN 180 DAYS OF THE DATE OF THE ALLEGED DISCRIMINATORY ACT.

THE ALLEGED DISCRIMINATION WAS BASED ON:

<input type="checkbox"/>	RACE	<input type="checkbox"/>	COLOR	<input type="checkbox"/>	GENDER	<input type="checkbox"/>	DISABILITY
<input type="checkbox"/>	AGE	<input type="checkbox"/>	RETALIATION	<input type="checkbox"/>	NATIONAL ORIGIN		

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