

TOWN OF OTTERBEIN, INDIANA
EXTERNAL COMPLAINT OF DISCRIMINATION
 for complaints related to Title VI

Date:		
Full Name:		
Address:		
City:	State:	ZIP:
Phone Number:		Email:

PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name:	Title:	
Name of Company/Agency:		
Address:		
City:	State:	ZIP:
When was the last alleged discriminatory act? (date)		
<p>Complaints of discrimination must be filed within 180 days of the alleged discriminatory act. If the alleged act occurred more than 180 days ago, please explain your delay in filing this complaint:</p>		
<p>The alleged discrimination was based on: (check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Gender <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Retaliation <input type="checkbox"/> Other:</p>		
<p>Describe the alleged act(s) of discrimination (if needed, you may use additional pages – please number pages in order)</p>		

Provide the names of any individuals with additional information regarding your complaint:
 If needed, you may include the same information for additional witnesses as an attachment.

Name of Witness 1:	Title:	
Name of Company/Agency:		
Address:		
City:	State:	ZIP:
Phone Number:		
<p>Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:</p>		

Name of Witness 2:		Title:
Name of Company/Agency:		
Address:		
City:	State:	ZIP:
Phone Number:		
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

Name of Witness 3:		Title:
Name of Company/Agency:		
Address:		
City:	State:	ZIP:
Phone Number:		
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

Have you filed a complaint alleging the same discrimination with another state or federal agency? [] Yes [] No	
Name of the Agency:	Date Filed:
Case Number Assigned to your complaint:	
Current Status of your complaint:	

Complainant Signature

Date (month day year)

The Town of Otterbein requires that you use this form to formally lodge a complaint. If you need more room, you may use additional pages. In some situations, accompanying letters may be beneficial to fully explain the situation. In all situations, this form must be completed in its entirety. You have the right to file a complaint with other state or federal agencies that provide federal or state financial assistance to the Town of Otterbein. Additionally, you have the right to seek private counsel. Please make a copy of your complaint form for your personal records. Records sent to our office will not be returned. All records submitted will become the sole property of the Town of Otterbein.

Return your completed complaint form to:

ADA/Title VI Coordinator:	Lukas Darling, MPA
Address:	111 S Main Street, PO Box 215, Otterbein, IN 47970
Phone Number:	(765) 583-3430
Email:	LDarling@otterbein.in.gov