

## West Central Indiana Economic Development District Title VI Complaint Form

<b>Section I:</b>	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other: <i>(Please specify)</i>	
<b>Section II:</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <i>(If "Yes" complete all of this Section)</i> <input type="checkbox"/> No <i>(If "No" go to Section III)</i>	
Name and relationship of the person for whom you are filing this complaint:	
Please explain why you are filing for a third party:	
Please confirm that you have obtained the aggrieved third party's permission to file this complaint, by checking the appropriate box. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section III:</b>	
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion	
Date of Alleged Discrimination (Month, Day, Year): _____	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.	
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<b>Section IV</b>	
Have you previously filed a Title VI complaint with this Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  Yes (If yes, check all that apply below)  No

Federal Agency: (If yes, please specify Agency name): \_\_\_\_\_

Federal Court: (If yes, please specify Court name): \_\_\_\_\_

State Agency: (If yes, please specify Agency name): \_\_\_\_\_

State Court: (If yes, please specify Court name): \_\_\_\_\_

Local Agency: (If yes, please specify Agency name): \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI**

Name of Agency Complaint is Against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**You may attach any written material or other information that you think is relevant to your complaint. To process this complaint; you must print your name, sign and date this complaint in the space provided below.**

Printed Name: _____	Signature: _____	Date: _____
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Please submit this form in person at the address listed below, or mail this form to:

**Title VI Coordinator  
West Central Indiana Economic Development District, Inc.  
1718 Wabash Ave  
Terre Haute, IN 47807**