

## EXTERNAL COMPLAINT OF DISCRIMINATION

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### ***INSTRUCTIONS:***

The purpose of this form is to help any person interested in filing a discrimination complaint with DeKalb County, Indiana.

You are not required to use this form. You may write a letter with the same information, sign it and return to the address printed above.

All items in bold 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, disability, religion, sex, sexual orientation, gender identity, age, low income, or limited English proficiency (LEP) in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to DeKalb County, Indiana as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.

DeKalb County, Indiana will provide assistance if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as a computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Indiana Relay Service.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to DeKalb County, Indiana. Additionally, you have a right to seek private counsel.

DeKalb County, Indiana and its sub-recipients, consultants, and contractors are 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. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed, within 60 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 60 days ago, please explain your delay in filing this complaint.

**\*\*Your complaint cannot be processed without your signature.**

<b>COMPLAINT INFORMATION</b>		
<b>Name (first, middle, and last)</b>		
<b>Address (number and street, city, state and ZIP code)</b>		
<b>Home telephone number</b> (     )     -	<b>Work telephone number</b> (     )     -	<b>Cellular telephone number</b> (     )     -
<b>Name of complainant</b>		<b>Date (month, day, year)</b>

<b>PERSON/AGENCY/COMPANY YOU BELIEVE DISCRIMINATED AGAINST YOU</b>		
<b>Name (first, middle, and last)</b>	<b>Title</b>	
<b>Name of company</b>		
<b>Address (number and street, city, state and ZIP code)</b>		
<b>Home telephone number</b> (     )     -	<b>Work telephone number</b> (     )     -	<b>Cellular telephone number</b> (     )     -
<b>When was the last alleged discriminatory act? (month, day, year) _____</b>		

<p>Complaints of discrimination must be filed within 60 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 60 days ago, please explain your delay in filing this complaint.</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p><b>The alleged discrimination was based on:</b></p> <p>_____ Race     _____ Color     _____ Age     _____ Gender Identity</p> <p>_____ Disability     _____ National     _____ LEP     _____ Retaliation</p>




Name of complainant	Date (month, day, year)
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Provide the names of any individual(s) with additional information regarding your complaint:

Name of witness 1 (first, middle, and last)	Title
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Name of company

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

Home telephone number (     )     -	Work telephone number (     )     -	Cellular telephone number (     )     -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

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Name of witness 2 (first, middle, and last)	Title
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Name of company

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

Home telephone number (     )     -	Work telephone number (     )     -	Cellular telephone number (     )     -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

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Name of witness 3 (first, middle, and last)	Title
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Name of company

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

Home telephone number	Work telephone number	Cellular telephone number
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( ) - | ( ) - | ( ) -

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

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Name of complainant	Date (month, day, year)
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How would you like your complaint to be resolved?

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Have you filed a complaint alleging the same discrimination with another state or federal agency?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please provide the following information for each agency:

Name of agency	Date complaint filed (month, day, year)
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with DeKalb County, Indiana?

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<b>Signature</b>	<b>Date signed (month, day, year)</b>
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