



TITLE VI COMPLAINT FORM  
Spencer County, Indiana

APPENDIX F

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person discriminated against: (if someone other than the complainant)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

- Race                       Color                       Age
- Sex                           Sexual orientation        Gender identity
- Disability                 National origin            Religion
- Income status           Limited English proficiency    Other (Please explain below)

\_\_\_\_\_

What was the date of the alleged discrimination?: \_\_\_\_\_

Where did the alleged discrimination take place?: \_\_\_\_\_

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible. *(Attach additional pages if needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Please list any and all witnesses' names, phone numbers and email addresses:

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What type of remedy would you suggest?

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Have you ever filed a complaint with any other federal, state or local agency; or with any federal or state court? \_\_\_ Yes \_\_\_ No

If yes, which court or agency? \_\_\_\_\_

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date and send your complaint to:

**Kay Erwin- Title VI & ADA Coordinator**  
**Spencer County Courthouse**  
**200 Main St, Rm 6**  
**Rockport, IN 47635**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_