

APPENDIX D: EXTERNAL COMPLAINT PROCEDURE

EXTERNAL COMPLAINT OF DISCRIMINATION

INSTRUCTIONS:

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

The Town of Winslow is 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. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of 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 ago, please explain your delay in filing this complaint.

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

External Complaint Form

COMPLAINANT INFORMATION

Name (first, middle, and last)

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

Home telephone number
() -

Work telephone number
() -

Cellular telephone number
() -

Name of complainant

Date (month, day, year)

PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name (first, middle, and last)

Title

Name of company

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

Home telephone number
() -

Work telephone number
() -

Cellular telephone number
() -

When was the last alleged discriminatory act? (month, day, year) _____

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 ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:

- Race
 Color
 Gender
 National Origin
 Disability
 Age
 Retaliation

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)

Name of complainant	Date (month, day, year)
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Provide the names of any individuals 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.

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.

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.

How would you like your complaint to be resolved?

Name of complainant	Date (month, day, year)
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Have you filed a complaint alleging the same discrimination with another state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide the following information for each agency:

Name of the 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 INDOT?

Signature	Date signed (month, day, year)
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