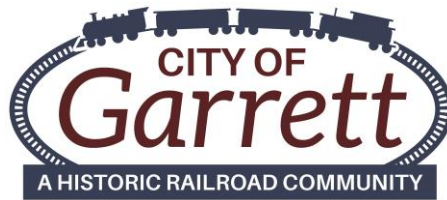
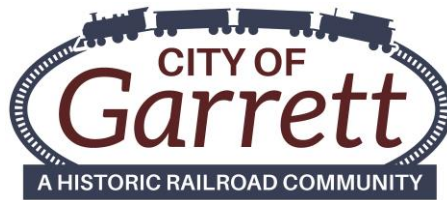


Title VI External Complaint of Discrimination

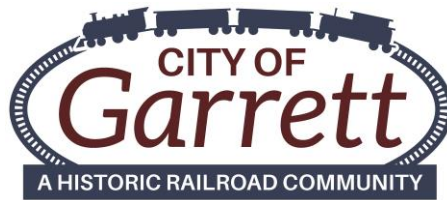
<i>Please follow the Instructions provided below and understand that your complaint “cannot” be processed without your signature.</i>
The purpose of this form is to help any person interested in filing a discrimination complaint with THE City of Garrett, Indiana.
You are not required to use this form. 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 the City of Garrett, Indiana as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.
The City of Garrett, 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 the City of Garrett, Indiana. Additionally, you have a right to seek private counsel.
The City of Garrett, 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.



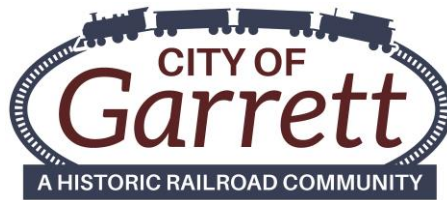
COMPLAINT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number	Work telephone number	Cellular telephone number
() -	() -	() -
Name of Complainant		Date (month, day, year)
PERSON/AGENCY/COMPANY YOU BELIEVE DISCRIMINATED AGAINST YOU		
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) _____		
<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>		



Name of Complainant	Date (month, day, year)	
Provide the names of any individual(s) with additional information regarding your complaint:		
Name of Witness 1 (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
() -	() -	() -
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	
Name of Company			
Address (number and street, city, state and ZIP code)			
Home telephone number	Work telephone number	Cellular telephone number	
() -	() -	() -	
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	
Name of Company			
Address (number and street, city, state and ZIP code)			
Home telephone number	Work telephone number	Cellular telephone number	
() -	() -	() -	
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.			



Name of Complainant		Date (month, day, year)	
How would you like your complaint to be resolved?			
Have you filed a complaint alleging the same discrimination with another state or federal agency?			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
If yes, please provide the following information for each agency:			
Name of Agency		Date complaint filed (month, day, year)	
Case number assigned to your complaint		Current status of your complaint	
How did you learn about your right to file a discrimination complaint with the City of Garrett, Indiana?			
Complainant Signature		Date signed (month, day, year)	