HENDRICKS COUNTY, INDIANA TITLE VI COMPLAINT FORM

Complainant's Name	•	Date:		
•				
		dress:		
Person discriminated	against: (if someone other than th			
Name:		Phone Number:		
Race Color National C Other	Please explain:			
What was the date of	the alleged discrimination?:			
Where did the alleged	discrimination take place?:	•		
Please describe the all you believe was respo	leged discrimination. Be as specif onsible. (Attach additional pages i	ic as possible in explaining what happened and wh f needed)		

Please list any and all witnesses' names, phone numbers an	d email address:
What type of remedy would you suggest?	
Have you ever filed a complaint with any other federal, stat	e or local agency; or with any federal or state court?
YesNo	
If yes, which court or agency?	
Please attach any documents or other information that you be date and send your complaint to: Assistant Eng	gineer
Title VI Coord 355 S. Washington	
Danville, IN 317-745-92	46122
Printed name:	
Signature:	Date: