

Title VI / ADA Discrimination Grievance Form

Dubois County, Indiana

Rec'd By: _____

Date: _____

INSTRUCTIONS: Please fill out this form completely in blue or black ink or type. Submit as directed in the Title VI Complaint Procedure/ ADA Grievance Policy. Assistance filling out the form will be made available upon request.

Complainant's Name: _____

Address: _____

E-mail: _____

Home Phone No.: _____ **Cell Phone No.:** _____

If a representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____

E-mail: _____

Home Phone No.: _____ **Cell Phone No.:** _____

County Department that you believe has discriminated: _____

Date and Time of Alleged Discrimination: _____

Location or Address of Alleged Discrimination: _____

The Alleged Discrimination was based on:

Race: ___ Color: ___ National Origin: ___ Disability: ___ Sex: ___ Sexual Orientation: ___

Gender Identity: ___ Religion: ___ Low Income Status: ___ Limited English Proficiency: ___

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Give a brief description of how you were allegedly discriminated against. Please provide the name(s) of the individuals who allegedly discriminated you, or list the County facilities you feel are in violation of Title VI or

ADA: _____

Names and Contact information of witnesses: _____

What type of corrective action would you like to see taken? _____

Has the grievance been filed with another agency of the Local, State or Federal Government? _____
If "yes", please indicate which agency: _____

_____	_____
Grievant or Representative Signature	Date

Form Prepared By: _____

Witnessed By: _____