

EXTERNAL COMPLAINT OF DISCRIMINATION

Luann Martin, Title VI Coordinator  
Town of Ossian, Indiana  
507 N Jefferson St.  
Ossian, IN 46777  
Telephone number: 260-622-4251  
Fax number: 260-622-6250  
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**INSTRUCTIONS:**

*The purpose of this form is to help any person interested in filing a discrimination complaint with the Town of Ossian, Indiana. If the complaint is against the Town of Ossian, Indiana, the Town's Title VI Coordinator will forward it to the appropriate federal agency for investigation.*

*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 printed above.*

*All items in bold must be completed for you 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 statues and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, disability, sex, age, low income statue or limited English proficiency 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 Town of Ossian, Indiana as a direct recipient for federal financial assistance and to its sub-recipients, consultants, and contractors whether federally funded or not.*

*The Town of Ossian, 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 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 Town of Ossian, Indiana. Additionally, you have a right to seek private counsel.*

*The Town of Ossian, 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 document or records relevant to your complaint to the address above. 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.**

**COMPLAINT INFORMATION**

Name (first, middle, and last)

Address (number and street, city, state and zip)

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)

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       Age       Gender       National Origin       LEP

Disability       Ancestry       Retaliation       Religious Affiliation       Income Status



Name of complainant	Date (month, day, year)
How would you like your complaint to be resolved? <hr/> <hr/> <hr/>	
Have you filed a complaint alleging the same discrimination with another state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please provide the following information for each agency:</i>	
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 Town of Ossian, Indiana? <hr/> <hr/> <hr/>	
Signature	Dated signed (month, day, year)