**City / County Complaint Procedure**

Any person who believes that he or she as a member of a protected class, has been discriminated against based on race, color, national origin, gender identity, age, disability, sex, sexual orientation, religion, low income status, or Limited English Proficiency in violation of Title VI of the Civil Rights Act of 1964, as amended and its related statutes, regulations and directives, Section 504 of the Vocational Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, as amended, the Civil Rights Restoration Act of 1987, as amended, and any other Federal nondiscrimination statute may submit a complaint. A complaint may also be submitted by a representative on behalf of such a person.

It is the policy of City / County to conduct a prompt and impartial investigation of all allegations of discrimination and to take prompt effective corrective action when a claim of discrimination is substantiated.

No one may intimidate, threaten, coerce or engage in other discriminatory conduct against anyone because they have taken action or participated in an action to secure rights protected by the civil rights laws. Any individual alleging such harassment or intimidation may submit a complaint by following the procedure printed below.

Any individual who feels that he or she has been discriminated against may submit a written or verbal complaint. The complaint may be communicated to any City / County Department Supervisor or to the City / County Title VI / ADA Coordinator, Name. The complaint should be submitted within 60 days of the alleged discrimination. Complaint forms may be found on the City / County website, [www.website](http://www.website) or in the City / County Human Resource office. Individuals are not required to use the City / County complaint form. If necessary, City / County will help an individual prepare his or her complaint to writing for his or her signature.

Generally a complaint should include the name, address and telephone number of the individual complaining (complainant) and a brief description of the alleged discriminatory conduct including the date of harm. An individual submitting a complaint alleging discrimination may include any relevant evidence, including the names of witnesses and supporting documentation.

**Complaints should be directed to:**

**Name**

**Title VI / ADA Coordinator**

**Director of**

City / County **Government**

**100 Main Street**

**City, Indiana 46000**

**260-555-0000**

**Email address**

Within 60 days of the receipt of the complaint City / County will conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complainant. City / County will try to obtain an informal voluntary resolution to all complaints at the lowest level possible.

A complainant’s identity shall be kept confidential except to the extent necessary to conduct an investigation. All complaints shall be kept confidential.

These procedures do not deny the right of any individual to file a formal complaint with any government agency or affect an individual’s right to seek private counsel for any complaint alleging discrimination.

Complaints may also be filed with the following government agencies:

Indiana Department of Transportation

Economic Opportunity Division

100 N. Senate, Room N750

Indianapolis, IN 46204

Phone: (317) 233-6511

Fax: (317) 233-0891

Indianapolis District EEOC Office

101 West Ohio Street, Ste 1900

Indianapolis, IN 46204

Phone: (800) 669-4000

Fax: (317) 226-7953

TTY: 1 (800) 669-6820

Indiana Civil Rights Commission

100 N. Senate Ave., Room N103

Indianapolis, IN 46204

Toll Free: 1 (800) 628-2909

Phone: (317) 232-2600

Fax: (317) 232-6560

Hearing Impaired: 1 (800) 743-33