

### HAMILTON COUNTY TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination in any program, service, or activity receiving federal assistance."

This form may be used to file a complaint with Hamilton County based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information may be submitted to file your complaint. Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180-day period, you have 60 days after you became aware to file your complaint.

If you need assistance completing this form, please contact the Title VI/Non-Discrimination Coordinator, by phone at (317) 770-1976 or via e-mail at [civilrights@hamiltoncounty.in.gov](mailto:civilrights@hamiltoncounty.in.gov).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

Please explain your relationship with the individual(s) indicated above:

Name of agency and department or program that discriminated:

Agency or department name: \_\_\_\_\_

Name of individual (if known): \_\_\_\_\_

**HAMILTON COUNTY TITLE VI COMPLAINT FORM (CONTINUED)**

Date(s) of alleged discrimination:

Date discrimination began \_\_\_\_\_ Last or most recent date \_\_\_\_\_

**ALLEGED DISCRIMINATION:** If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

Race  Color  Religion  National Origin  Age  Sex

Disability  Income  Other  (please specify) \_\_\_\_\_

Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination (attach additional sheets, if necessary, and provide a copy of written material pertaining to your case).

Signature: \_\_\_\_\_

Please return completed form to:

Title VI/Non-Discrimination Coordinator  
1 Hamilton County Square, Suite 308  
Noblesville, IN 46060  
Phone: 317-770-1976  
E-mail: [civilrights@hamiltoncounty.in.gov](mailto:civilrights@hamiltoncounty.in.gov)

Note: Hamilton County prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the County. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.

## COMPLAINANT CONSENT/RELEASE FORM

Name <i>(first, middle, last)</i>	Telephone number (    )    -
Address <i>(number and street, city, state, ZIP code)</i>	
Case number(s) <i>(if known)</i>	
<p>As a complainant, I understand that during an investigation it may become necessary for Hamilton County to reveal my identity to individuals outside of Hamilton County Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for Hamilton County to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by Hamilton County.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p> <p><input type="checkbox"/> CONSENT _____</p> <p>I have read and understand the above information and authorize Hamilton County to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize Hamilton County to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p> <p><input type="checkbox"/> CONSENT DENIED _____</p> <p>I have read and understand the above information and do not want Hamilton County to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without Hamilton County making a determination in my case.</p>	
Signature	Date <i>(month, day, year)</i>