INSTRUCTIONS: EXTERNAL COMPLAINT OF DISCRIMINATION

The purpose of this form is to help any person interested in filing a discrimination complaint with the City of Hammond .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 below. All bold items must be completed for your 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 statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to the City of Hammond as a sub-recipient of federal financial assistance.

Upon request, assistance will be provided 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.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to the City of Hammond. Additionally, you have the right to seek private counsel.

The City of Hammond is 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. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address below.

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 <u>cannot</u> be processed without your signature.**

COMPLAINANT INFORMATION		
Name *(first, middle, last)*		
Address *(number and street, city, state, ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -

PERSON / DEPARTMENT YOU BELIEVE DISCRIMINATED AGAINST YOU		
Name *(first, middle, last)*		Title
Name of department		
Address *(number and street, city, state, ZIP code)*		
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 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
Disability	Ancestry	Retaliation	Religious Affiliation	

Name of complainant	Date *(month, day, year)*

Describe the alleged act(s) of discrimination. ***(Use additional pages, if necessary)***

Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 *(first, middle, last)*		Title
Name of company		
Address *(number and street, city, state, ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

Name of complainant	Date *(month, day, year)*

Name of witness 2 *(first, middle, last)*		Title
Name of company		
Address *(number and street, city, state, ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

Name of witness 3 *(first, middle, last)*		Title
Name of company		
Address *(number and street, city, state, ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		