COMPLAINANT CONSENT / RELEASE

Name (first, middle, last)	Telephone number
	() -
Address (number and street, city, state, ZIP code)	
Case number(s) (if known)	
As a complainant I understand that during an investigation it may become	a pagassary for The City of Hammond to
As a complainant, I understand that during an investigation it may become necessary for The City of Hammond to reveal my identity to individuals outside of the City of Hammond 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 the City of Hammond 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 the City of Hammond.	-
Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)	
CONSENT	
I have read and understand the above information and authorize the City of Hammond 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 the City of Hammond 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.	
CONSENT DENIED	
CONSENT DENIED	
I have read and understand the above information and do not want the City of Hammond 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 the City of Hammond making a determination in my case.	
Signature	Date (month, day, year)
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