

External Complaint Form

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Name of complainant		Date (month, day, year)

PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU		
Name (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and 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 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: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Gender <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Retaliation		
Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)		

Name of complainant	Date (month, day, year)
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Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 2 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 3 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

How would you like your complaint to be resolved?

Name of complainant	Date (month, day, year)
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Have you filed a complaint alleging the same discrimination with another state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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if yes, please provide the following information for each agency:

Name of the agency	Date complaint filed (month, day, year)
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with INDOT?

Signature	Date signed (month, day, year)
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