

Title VI Complaint Procedure

PART C - COMPLAINT PROCEDURE

Any person who believes that he or she, on the basis of race, color, or national origin, disability, sex, sexual orientation, gender identity, religion, age, low income status or limited English proficiency, has been excluded from or denied participation in, been denied the benefits of, or otherwise been subjected to discrimination in or under any program or activity receiving federal funding assistance in violation of Title VI of the Civil Rights Act of 1964, as amended and its related statutes, regulations and directives, may submit a complaint. Carroll County assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs and activities are federally funded or not.

Complaint forms may be found on the County website. Individuals are not required to use the complaint form and may submit a complaint in any format that includes the name, address and telephone number of the individual complaining and brief description of the alleged discriminatory conduct including the date of harm. An individual submitting a complaint alleging discrimination may include relevant evidence, including the names of witnesses and supporting documentation. A complaint must be signed by the complainant.

Complaint forms must be submitted within one hundred eighty (180) days of the date of the alleged discrimination. Complaint form should be directed to:

Vicky Snipes
Title VI Coordinator
101 W. Main Street
Delphi, IN 46923
Telephone: (765) 564-3172

Within sixty days of the receipt of the complaint, the Title VI Coordinator will conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complainant. The Title VI coordinator will try to obtain an informal voluntary resolution to all complaints at the lowest level possible.

Any person aggrieved by the findings of the Title VI Coordinator may, within fifteen (15) days of the receipt of the response of the Title VI Coordinator, file an appeal to the Carroll County Board of Commissioners at the Carroll County Auditor's Office. Within 15 calendar days after receipt of the appeal of the Title VI Coordinator's report, a member of the Board of Commissioners will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, the commissioner will respond in writing and will explain his or her position and offer a final resolution of the complaint.

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 governmental agencies:

Indiana Department of Transportation
Economic Opportunity Division
100 N. Senate Ave, 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) 66-
4000
Fax: (317) 226-7953 TTY: 1 (800) 669-
6820

Indiana Civil Rights Commission
100 N. Senate Ave, Room N103
Indianapolis, IN 46204
Phone: (317) 232-2600
Fax:(317)232-6560
Hearing Impaired: 1 (800) 743-3336

CARROLL COUNTY
TITLE VI CIVIL RIGHTS COMPLAINT FORM

Section I

Name: _____

Address: _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

E-Mail address: _____

Section II

Are you filing this complaint on your own behalf? Yes _____ No _____

(If you answered "yes" to this question, go to Section III)

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party: _____

Please confirm you have obtained the permission of the aggrieved party if you are filing on

behalf of a third party. Yes _____ No _____

Section III

What is the basis for your complaint?

Race _____ Color _____ National Origin _____ Sex _____

Age _____ Disability _____ Religion _____ Low Income Status _____

Limited English Proficiency _____ Sexual Orientation _____ Gender Identity _____

Have you filed this complaint with any other agency? Yes _____ No _____

If yes, please state the name of the other agency: _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

(If litigation is pending regarding the same issues or a complaint has been filed with another agency, we may defer to the decisions of the Court or other agency)

Section IV

Complaint is against: _____

Contact Person: _____ Title: _____

Telephone Number: _____

Date of alleged discrimination: _____

Please attach sheet to describe your complaint.

Section V

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature)

Please mail or deliver the completed form to:

Carroll County Auditor's Office
Title VI Coordinator
101 W. Main Street
Delphi, IN 46923