

Name of Complainant	Date (month, day, year)
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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)		
<p>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.</p>		

The alleged discrimination was based on:

- Race
- Disability
- Color
- Ancestry
- Age
- Retaliation
- Gender
- Religious Affiliation
- National Origin

Julie Cooney
Title VI Coordinator

1010 E. Broadway St
Danville, Indiana 46122

icooney@danvilleindiana.org
Fax (317) 745-3003

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Describe the alleged act(s) of discrimination (use additional pages, if necessary)

Provide names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, last)	Title
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Name of Company

Address (number and street, city, state, 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:

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Name of witness 2 (first, middle, last)	Title
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Name of Company

Address (number and street, city, state, ZIP code)
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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:
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Name of witness 3 (first, middle, last)	Title
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Name of Company

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