

**City of Columbia City**

**TITLE VI Resident Complaint/Grievance Form**

I. Complaint/Grievant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Preferred Method of Communication:  
\_\_Voice telephone \_\_TTY \_\_ e-mail \_\_ mail \_\_ Other

II. Please specify the person or department you believe discriminated against you:

\_\_\_\_\_  
\_\_\_\_\_

III. When was the last alleged discriminatory act? (month, day, year)

\_\_\_\_\_

IV. Complaints of discrimination must be filed within 60 days of the alleged discriminatory act. If the alleged act of discrimination occurred more than 60 days ago, please explain your delay in filing this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. The alleged discrimination was based on: Race \_\_\_\_ Color \_\_\_\_ Age \_\_\_\_  
Gender \_\_\_\_ National Origin \_\_\_\_ Disability \_\_\_\_ Ancestry \_\_\_\_ Retaliation \_\_\_\_  
Religious Affiliation \_\_\_\_ Limited English Proficiency \_\_\_\_ Income Status \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. Please state the names, addresses, phone numbers of any individuals with additional information regarding your complaint and include a brief description of the relevant information the witness may provide to support your complaint of discrimination (if more than one witness, please use space below):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relevant Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. **Certification: I hereby certify that the information and statement provided above are true.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If person needing accommodation is not individual completing the form, please provide:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

XI. **Complainant Consent/Release**

As a complainant, I understand that during an investigation it may become necessary for the City of Columbia City to reveal my identity to individuals outside of the City 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 Columbia City 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 Columbia City, Indiana.

**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 Columbia City, Indiana 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 Columbia City, Indiana 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** \_\_\_\_\_ I have read and understand the above information and do not want the City of Columbia City, Indiana 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 Columbia City making a determination in my case.

Signature \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

Please return to: City of Columbia City Title VI Coordinator, 112 S. Chauncey St., Columbia City, IN 46725 or via fax (260) 248-5105. Upon request, reasonable accommodation will be provided in completing this Form or copies of the form will be provided in alternative formats. Contact the City of Columbia City Title VI Coordinator at the address listed above or via telephone (260) 248-5109.