External Complaint Form

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Name (first, middle, and last)	COMPLAINANT INFORMATION	ON
Address (number and street, city, state and ZIP co	ode)	·
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Name of complainant		Date (month, day, year)
PERSON / A	AGENCY YOU BELIEVE DISCRIMINA	ATED AGAINST YOU
Name (first, middle, and last)	Title	ALED AS MICH.
Name of company	1	
Address (number and street, city, state and ZIP co	· ·	
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
When was the last alleged discriminatory		
Complaints of discrimination must be file discrimination occurred more than 180 days	d within 180 days of the date of the ays ago, please explain your delay	e alleged discriminatory act. If the alleged act of in filing this complaint.
		<u> </u>
The alleged discrimination was based on		
Race Color	Gender National Origin	☐ Disability ☐ Age ☐ Retaliation
	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	
Race Color	Gender National Origin	sary.)
Race Color	Gender National Origin	sary.)
Race Color	Gender National Origin	sary.)
Race Color	Gender National Origin	sary.)
Race Color	Gender National Origin	sary.)

Name of complainant			Date (month, day, year)
rovide the names of any individu		ation regarding y	our complaint:
Name of witness 1 (first, middle, and last)		Title	
ame of company			
ddress (number and street, city, state a	nd ZIP code)		
ome telephone number	Work telephone number		Cellular telephone number
) -	() -		() -
clude a brief description of the rele	vant information the witness	may provide to su	upport your complaint of discrimination.
ame of witness 2 (first, middle, and last)	Title	
ame of company			
ddress (number and street, city, state a	nd ZIP code)		
ome telephone number	Work telephone num	nber	Cellular telephone number
) -	() -		() -
			upport your complaint of discrimination.
Name of witness 3 (first, middle, and last)		Title	
lame of company			
Address (number and street, city, state a	and ZIP code)		
Home telephone number	Work telephone nun	nber	Cellular telephone number
) -	() -		() -
nclude a brief description of the rele	evant information the witness	s may provide to s	upport your complaint of discrimination.
How would you like your complaint t	to be resolved?		

Name of complainant		Date (month, day, year)
Have you filed a complaint alleging the same discrimi	ination with another state or fe	ederal agency?
If yes, please provide the following information for ea	ch agency:	
Name of the agency		Date complaint filed (month, day, year)
Case number assigned to your complaint	Current status of you	ur complaint
How did you learn about your right to file a discrimina	ution complaint with INDOT?	
Signature		Date signed (month, day, year)
		Date of the first thin, day, your