

**COMPLAINT PROCEDURE  
AUBURN, INDIANA**

Any person who believes that he or she as a member of protect class, has been discriminated against based on race, color, national origin, gender, age, disability, religion, low income status, or Limited English Proficiency in violation of Title VI of the Civil Rights Act of 1964, as amended and its related statutes, regulations and directives, Section 504 of the Vocational Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, as amended, the Civil rights Restoration Act of 1987, as amended, and any other Federal nondiscrimination statute may submit a complaint. A complaint may also be submitted by a representative on behalf of such a person.

It is the policy of Auburn Indiana to conduct a prompt and impartial investigation of all allegations of discrimination and to take prompt effective corrective action when a claim of discrimination is substantiated.

No one may intimidated, threaten, coerce or engage in other discriminatory conduct anyone because they have taken action or participated in an action to secure rights protected by the civil rights laws. Any individual alleging such harassment or intimidation may submit a complaint by following the procedure printed below.

Any individual who feels that he or she has been discriminated against may submit a written or verbal complaint. The complaint may be communicated to any department head or to the County Title VI or ADA Coordinator. The complaint should be submitted within 180 days of the alleged discrimination. Complaint forms may be found on the count website or in the community Center. Individuals are not required to use the County's complaint form. If necessary, the county will help an individual reduce his or her complaint to writing for his or her signature.

Generally, a complaint should include the name, address and telephone number of the complainant and a brief description of the alleged discriminatory conduct including the date of harm. An individual submitting a complaint alleging discrimination may include any relevant evidence, including the names of witness and supporting documentation.

**Direct Title VI / ADA Complaints to:**

Human Resources Director  
210 E. Ninth St.  
Auburn, IN 46706  
(260) 925-5430  
humanresources@ci.auburn.in.us

Within 60 days of the receipt of the complaint the City will conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complaint. The City will try to obtain an informal voluntary resolution to all complaints at the lowest level possible.

A complainant's identity shall be kept confidential except to the extent necessary to conduct an investigation. All complaints shall be kept confidential.

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.

**EXTERNAL COMPLAINT OF DISCRIMINATION**

**INSTRUCTIONS:**

The purpose of this form is to help any person interested in filing a discrimination complaint with Auburn Indiana. You are not required to use this form. You may write a letter with the same information, sign it, and return it to the address below. All bold items must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulation (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and /or Federal Transit Administration. These prohibitions extend to Auburn Indiana as a sub-recipient of federal financial assistance.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaint may also be filed using alternative formats such as computer disk, audiotape, or Braille.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Auburn Indiana. Additionally, you have the right to seek private counsel.

Auburn, Indiana is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address below.

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.

**\*\*Your complaint cannot be processed without your signature.**

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

<b>PERSON/AGENCY/COMPANY YOU BELIEVE DISCRIMINATED AGAINST YOU</b>		
<b>Name (first, middle, and last)</b>	<b>Title</b>	
<b>Name of company</b>		
<b>Address (number and street, city, state and ZIP code)</b>		
<b>Home telephone number</b> (    )    -	<b>Work telephone number</b> (    )    -	<b>Cellular telephone number</b> (    )    -
<b>When was the last alleged discriminatory act? (month, day, year) _____</b>		

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.			
<b>The alleged discrimination was based on:</b>			
_____ Race	_____ Color	_____ Age	_____ Gender Identity
_____ Disability	_____ National Origin	_____ LEP	_____ Retaliation
_____ Religion	_____ Sex	_____ Income	_____ Sexual Orientation
_____ Other			



Name of complainant	Date (month, day, year)
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Provide the names of any individual(s) 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.

Name of complainant	Date (month, day, year)
How would you like your complaint to be resolved?	
Have you filed a complaint alleging the same discrimination with another state or federal agency?	
_____ Yes	_____ No
If yes, please provide the following information for each agency:	
Name of agency	Date complaint filed (month, day, year)
Case number assigned to your complaint	Current status of your complaint
How did you learn about your right to file a discrimination complaint with City of Auburn, Indiana?	
<b>Signature</b>	<b>Date signed (month, day, year)</b>

**REPORT OF INVESTIGATION  
City of Auburn, Indiana**

I, \_\_\_\_\_, representing the City of Auburn, have investigated the complaint filed on \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ alleging that discrimination occurred which was in violation of the provisions of Title VI of the Federal Civil Rights Act.

The results of the investigation were as follows:

- \_\_\_\_ A. The agency or person was found to be in violation of Title VI.
- \_\_\_\_ B. The agency or person was not found to be in violation of Title VI.
- \_\_\_\_ C. The complainant withdrew the complaint.

A copy of the investigation report is attached.

Withdrawal of Complaint (if applicable) \_\_\_\_\_

If the agency or person was found to be in violation of Title VI, a brief description of the remedial action taken to assure future compliance follows:

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Printed Name of Investigator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_