

# CITY OF WESTFIELD TITLE VI COMPLAINT FORM

**Diana Peyton Title VI  
 Program Manager  
 2728 EAST 171<sup>ST</sup> STREET  
 WESTFIELD IN 46074  
 (317)804-3005  
 dpeyton@westfield.in.gov**

**INSTRUCTIONS:**

*The purpose of this form is to assist any person who wishes to file a discrimination complaint with the City of Westfield. The city will follow the complaint procedure process outlined in its Title VI plan.*

*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 printed above.*

*All items in bold 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 regulations (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. These prohibitions extend to the City as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.*

*The City of Westfield also is required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all of its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.*

*Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Indiana Relay Service.*

*You also have the right to file a complaint with other state or federal agencies. Additionally, you have a right to seek private counsel.*

*The City of Westfield and its sub-recipients, consultants, and contractors are 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 above.*

*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.**

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number (    )    -	Work telephone number (    )    -	Cellular telephone number (    )    -

Name of complainant	Date (month, day, year)
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**PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU**

Name (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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**When was the last alleged discriminatory act? (month, day, year) \_\_\_\_\_**

**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.**

**The alleged discrimination was based on:**

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Religious Affiliation	

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

Name of complainant	Date (month, day, year)
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**Provide the names of any individuals 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.

How would you like your complaint to be resolved?

Name of complainant	Date (month, day, year)
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Have you filed a complaint alleging the same discrimination with another state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please provide the following information for each agency:*

Name of the agency	Date complaint filed (month, day, year)
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with the City of Westfield?

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Signature	Date signed (month, day, year)
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