

MORGAN COUNTY GOVERNMENT

**TITLE VI COMPLAINTANT
CONSENT / RELEASE FORM**



Name:	Telephone Number:
Address (number and street, city, state, ZIP code)	
<p>As a complainant, I understand that during an investigation it may become necessary for Morgan County Government to reveal my identity to individuals outside of the Morgan County 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 Morgan County Government 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 Morgan County Government.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please Circle One)</i></p>	
<p>CONSENT</p> <p>I have read and understand the above information and authorize the Morgan County Government 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 Morgan County Government to receive, review, and discuss material and information about me relevant to the investigation of my complaint.</p> <p>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.</p>	
<p>CONSENT DENIED</p> <p>I have read and understand the above information and do not want the Morgan County Government 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 Morgan County Government making a determination in my case.</p>	
Signature	Date:
Printed Name:	
Email Address:	

MORGAN COUNTY GOVERNMENT

TITLE VI COMPLAINT FORM



Complaints must be filed within 180-days of the alleged act of discrimination.
Please print answers clearly to the following questions.
Illegible or incomplete answers may delay or prohibit timely processes.

Section I							
Name:							
Address:		City:	Zip Code:				
Telephone Number (include area code):							
Alternate Number (include area code):							
Email Address:							
Do You Need Alternative Accessible Format for Communication? If Yes, Please Check:							
<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>	TTD	<input type="checkbox"/>	Other (specify):

Section II	
Are You Filing This Complaint on Your Own Behalf?	
If Yes, Please Go to Section III	
If No, Please Supply the Name & Relationship of The Person for Whom This Complaint Is About:	
Please Explain Why You Have Filed A Complaint for A Third Party:	
Please Confirm You Have Permission from Aggrieved Party if Filing on Behalf of a Third Party:	

Section III
Have You Previously Filed A Title VI Complaint with Morgan County Government?

Section IV	
Name of Department, Activity, Or Person Complaint Is Against:	
Contact Person:	Title (if known):
Telephone Number (include area code):	

Section V
On separate sheets, please describe your complaint. You should include details such as names, dates, times, activities, programs, witnesses, and/or other information that would assist us in our investigation of your allegations, and provide any other documentation that is relevant to this complaint. Please include the basis of the complaint; person's race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law which may include low income status, or limited English proficiency. Further, irrespective of whether sexual orientation or transgender status are legally-protected statuses, the County does not tolerate discrimination on the basis of sexual orientation or transgender status.

Signature: _____ Printed Name: _____ Date: _____
(NOTE: we cannot accept your complaint without a signature)

Please mail or return this completed form to the attention of: Daree Fry, HR Director, Morgan County Government, 180 S. Main Street, Suite 104, Martinsville, IN 46151. You may fax it to 765-342-5364 or email it to dfry@morgancounty.in.gov.

Office Use Only

Date County Received	Received By	Start Date	Closed Date
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