

**COMPLAINANT CONSENT / RELEASE**

State Form 54514 (R / 9-12)
INDIANA DEPARTMENT OF TRANSPORTATION
ECONOMIC OPPORTUNITY DIVISION

Latosha N Higgins, Title VI / ADA Program Manager
INDIANA DEPARTMENT OF TRANSPORTATION
ECONOMIC OPPORTUNITY DIVISION
100 N Senate RM N750
Indianapolis, IN 46204
Telephone number : (317) 234-6142
Fax number : (317) 233-0891
E-mail address: LHiggins@indot.in.gov
www.in.gov/dot/

Name (first, middle, and last)	Telephone number () -
Address (number and street, city, state and ZIP code)	
Case number(s) (if known)	
I have read the Title VI Notice of Complainant and Interviewee Rights provided by the Indiana Department of Transportation (INDOT). As a complainant, I understand that during an investigation it may become necessary for INDOT to reveal my identity to individuals outside of INDOT 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 INDOT 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 non-discrimination statutes enforced by INDOT.	
<i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one.)</i> ☐ Consent I have read and understand the above information and authorize INDOT 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 INDOT 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 INDOT 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 INDOT making a determination in my case.	
Signature	Date (month, day, year)