



EXTERNAL COMPLAINT OF DISCRIMINATION

State Form 54516 (R3 / 7-15)
INDIANA DEPARTMENT OF TRANSPORTATION
ECONOMIC OPPORTUNITY DIVISION

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ECONOMIC OPPORTUNITY DIVISION
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<https://www.in.gov/indot/accessibility-and-non-discrimination/>

INSTRUCTIONS:

The purpose of this form is to help any person interested in filing a discrimination complaint with the Indiana Department of Transportation (INDOT). If the complaint is against INDOT, INDOT's Title VI/ADA Program Manager will forward it to the appropriate federal agency for investigation.

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 and national origin in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to INDOT as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not. INDOT's non-discrimination policy also prohibits discrimination based on age, gender and income status.

INDOT is also 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 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 that provide federal financial assistance to INDOT. Additionally, you have a right to seek private counsel.

INDOT 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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Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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)
Have you filed a complaint alleging the same discrimination with another state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following information for each agency:		
Name of the 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 INDOT?		

Signature		Date signed (month, day, year)