TOWN OF NEW HARMONY
EXTERNAL COMPLAINT FORM

COMPLAINANT INFORMATION

Name ____________________________________________

Address __________________________________________

Home phone __________________ Work phone ________________ Cell phone ________________

__________________________________________

Date ________________

PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name ____________________________________________ Title __________________________

Name of company __________________________________________

Address __________________________________________

Home phone __________________ Work phone ________________ Cell phone ________________

__________________________________________

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:

____Race  ____Color  ____Gender  ____National Origin  ____Disability  ____Age  ____Retaliation

Describe the alleged act(s) of discrimination. (Attach additional pages if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Name of complainant ___________________________ Date ______________

PROVIDE THE NAMES OF ANY INDIVIDUALS WITH ADDITIONAL INFORMATION REGARDING YOUR COMPLAINT

Name of witness 1 ___________________________ Title ___________________________

Name of company ___________________________

Address ___________________________

Home phone __________ Work phone __________ Cell phone __________

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination

________________________________________________________________________

________________________________________________________________________

Name of witness 2 ___________________________ Title ___________________________

Name of company ___________________________

Address ___________________________

Home phone __________ Work phone __________ Cell phone __________

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination

________________________________________________________________________

________________________________________________________________________

How would you like your complaint 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 __________

Case number assigned to your complaint ___________________________
Current status of your complaint

How did you learn about your right to file a discrimination complaint with the Town?

Signature __________________________ Date __________________________