

**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

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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

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How would you like your complaint resolved?

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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?

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Signature \_\_\_\_\_ Date \_\_\_\_\_