

**PORTER COUNTY  
TITLE VI COMPLAINT FORM**

*This form may be used to file a complaint with Porter County Government based on alleged violations of Title VI of the Civil Rights Act of 1964, as amended. Use of this form is not required. If you need assistance, you may call (219) 510-6075.*

Name of complainant: \_\_\_\_\_

Address of complainant: \_\_\_\_\_  
\_\_\_\_\_

Phone number of complainant: \_\_\_\_\_

If you are filling out this form on behalf of the complainant, please provide:

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_  
\_\_\_\_\_

Your phone number: \_\_\_\_\_

Your relationship to complainant: \_\_\_\_\_

Please provide information regarding the department/program/service or the individual (if known) that is the subject of this complaint.

Agency/department name: \_\_\_\_\_

Name of individual: \_\_\_\_\_

Address of agency/department: \_\_\_\_\_  
\_\_\_\_\_

Please indicate below the basis on which you believe there was a discriminatory action taken:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race          | <input type="checkbox"/> Color                       | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex           | <input type="checkbox"/> Sexual Orientation          | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Age           | <input type="checkbox"/> Disability                  | <input type="checkbox"/> Religion        |
| <input type="checkbox"/> Income Status | <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Other           |

Please explain as clearly as possible what happened. Provide date(s), name(s) of witnesses and others involved in the alleged discrimination. Attach additional sheets, if necessary. If you have any written documentation from the incident(s), please include a copy.

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

**NOTE:** Porter County prohibits retaliation in any form against any individual who has either taken action or participated in action to secure rights protected by the Title VI Policy of the County. Please inform the Title VI Coordinator if you feel you were intimidated or if you experience perceived retaliation for filing this complaint.