

Appendix B

Complaint Procedure

Pike County Title VI Complaint Procedure

Any person who believes that he or she as a member of a protected class, has been discriminated against based on race, color, national origin, gender, age, disability, religion, low income status, or Limited English Proficiency in violation of Title VI of the Civil Rights Act of 1964, as amended and its related statutes, regulations and directives, Section 504 of the Vocational Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, as amended, the Civil Rights Restoration Act of 1987, as amended, and any other Federal nondiscrimination statute may submit a complaint. A complaint may also be submitted by a representative on behalf of such a person.

It is the policy of Pike County to conduct a prompt and impartial investigation of all allegations of discrimination and to take prompt effective corrective action when a claim of discrimination is substantiated.

No one may intimidate, threaten, coerce or engage in other discriminatory conduct against anyone because they have taken action or participated in an action to secure rights protected by the civil rights laws. Any individual alleging such harassment or intimidation may submit a complaint by following the procedure printed below.

Any individual who feels that he or she has been discriminated against may submit a written or verbal complaint. The complaint may be communicated to any department head or to the County Title VI/ADA Coordinator. The complaint should be submitted within 180 days of the alleged discrimination. Complaint forms may be found in the Commissioners' Office on the first floor of the Pike County Courthouse. Individuals are not required to use the County's complaint form. If necessary, the County will help an individual reduce his or her complaint to writing for his/her signature.

Generally a complaint should include the name, address and telephone number of the individual complaining and a brief description of the alleged

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discriminatory conduct, including the date of harm. An individual submitting a complaint alleging discrimination may include any relevant evidence, including the names of witnesses and supporting documentation.

Complaints should be directed to: Kristi Dischinger, County Administrator
Title VI/ADA Coordinator
801 E Main Street
Petersburg, IN 47567
Ph. 812-354-8448, Fax 812-354-6891
kdischinger@pikecounty.in.gov

Within 60 days of the receipt of the complaint the County will conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complainant. The County will try to obtain an informal voluntary resolution to all complaints at the lowest possible level.

A complainant's identity shall be kept confidential except to the extent necessary to conduct an investigation. All complaints shall be kept confidential.

These procedures do not deny the right of any individual to file a formal complaint with any government agency or affect an individual's right to seek private counsel for any complaint alleging discrimination.

Complaints may also be filed with the following government agencies:

Appendix C

External Complaint of Discrimination Form



EXTERNAL COMPLAINT OF DISCRIMINATION



INSTRUCTIONS:

The purpose of the form is to help any person interested in filing a discrimination complaint with Pike County. 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 below. All bold items 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 Right Acts of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to Pike County as a sub-recipient of federal financial assistance.

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.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Pike County. Additionally, you have the right to see private counsel.

Pike County is 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 below.

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.**

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EXTERNAL COMPLAINT OF DISCRIMINATION
 PIKE COUNTY GOVERNMENT
 COMMISSIONERS' OFFICE

Kristi Dischinger, Commissioners' Assistant
 Title VI/ADA Coordinator
 801 E Main St., First Floor
 Phone: 812-354-8448, Fax: 812-354-6891
 Email: kdischinger@pikecounty.in.gov

COMPLAINANT INFORMATION

Name <i>(first, middle, last)</i>	
Address <i>(number and street, city, state, ZIP code)</i>	Home/Cell Number () -
	Work telephone number () -

PERSON/DEPARTMENT YOU BELIEVE DISCRIMINATED AGAINST YOU

Name <i>(first, middle, last)</i>	
Title	Department
Address <i>(number and street, city, state, ZIP code)</i>	When was the last alleged discriminatory act? <i>(month, day, year)</i>
	Telephone number, if known () -
<p>Complaints of discrimination must be filed within 180 days 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.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>The alleged discrimination was based on:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> National Origin</p> <p><input type="checkbox"/> Disability <input type="checkbox"/> Ancestry <input type="checkbox"/> Retaliation <input type="checkbox"/> Religious Affiliation</p>	

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Name of Witness 2 (<i>first, middle, last</i>)	Title
Name of Company	
Address (<i>number and street, city, state and ZIP code</i>)	
Home/Cell Phone Number () -	Work Phone Number () -
<p>Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

How would you like your complaint to be resolved?

Signature of Complainant

Date

Have you filed this complaint previously or with any other Federal, State or Local agency or court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the following information for each agency:		
Name of agency	Date complaint filed (<i>month, day, year</i>)	
Case number	Status of your complaint	

Appendix D

Complaint Consent / Release Form

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COMPLAINANT CONSENT / RELEASE FORM

Name <i>(first, middle, last)</i>	Telephone number () -
Address <i>(number and street, city, state, ZIP code)</i>	
Case number <i>(s) (if known)</i>	
<p>As a complainant, I understand that during an investigation it may become necessary for pike County to reveal my identity to individuals outside of Pike County Government tin 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 pike County 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 nondiscrimination statutes enforced by Pike County.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p> <p><input type="checkbox"/> CONSENT</p> <p>I have read and understand the above information and authorize Pike County 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 Pike County 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.</p> <p><input type="checkbox"/> CONSENT DENIED</p> <p>I have read and understand the above information and do not want Pike County 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 Pike County making a determination in my case.</p>	
Signature	Date <i>(month, day, year)</i>