

Town of Dayton

ADA/Title VI Complaint Form

Section 1: Personal Information

Date of Complaint Filed:

Please fill in completely and legibly.

Last Name		Middle Initial	First Name
Street Address		City	State Zip Code
Telephone Number (including area code)		Best time to call this number	
Alternate Telephone Number (including area code)		Best time to call this number	
Email Address			

Section 2: Information Supporting Discriminatory Act(s)

Please provide information identifying alleged discrimination and any additional information to support the claim (use additional pages as necessary and provide documentation supporting the allegation).

Please fill in completely and legibly.

Name of: <i>Person or Business, Company, Department, or other identified party</i>	
Location where Discriminatory Act Occurred: Street Address, City, State, Zip Code	
Witness #1 Name: <i>(First, Last)</i>	Address: Street, City, Town, State, Zip
Witness #2 Name: <i>(First, Last)</i>	Address: Street, City, Town, State, Zip

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.

Alleged discrimination was based on: (Please Circle Applicable)

FOR TITLE VI ONLY

Race ⇔	Color ⇔	Age ⇔	Gender ⇔
National Origin ⇔	LEP ⇔	Disability ⇔	
Ancestry ⇔	Retaliation ⇔	Religious Affiliation ⇔	
Income Status⇔	Sexual Orientation ⇔	Gender Identity ⇔	
Other <i>(Provide Reason)</i> :⇔			

Section 3: Describe the alleged act(s) of discrimination (Use Additional pages if necessary)

Please provide a specific location(s) of where issues exist prompting this complaint.

[illegible]

Section 4: Witness #1 Description

Please provide a brief description of the relevant information that will help support this claim against the alleged discriminatory act:

[illegible]**Date of Witnessed Discriminatory Act:**

Contact Information:

Signature:

Phone:

Alt. Phone:

E-mail:

Section 5: Witness #2 Description

Please provide a brief description of the relevant information that will help support this claim against the alleged discriminatory act:

Date of You Witnessed Discriminatory Act:

Contact Information:

Signature:

Phone:

Alt. Phone:

E-mail:

Section 6: Additional Information

If you have any suggestions or would like to provide any helpful information in ways this can be changed to prevent future discriminatory acts, please provide us with your input.

Please sign and date this form.

Signature

Date

Mail completed complaint form to:

Carla Snodgrass- Town Council Member
ATTN: ADA/Title VI Coordinator
721 Walnut St
Dayton, IN 47941

For Office Use Only:

Date received

Date investigated

Summarize Findings, Analyze Data Collected, and Write an Explanation of Results how to Resolve Discriminatory Act(s) (with supporting documentation or photographs):

Date Complainant contacted

Method of Contact

- ☐ Phone
☐ Letter
☐ Email

Printed Name of Person
Investigated & Reviewed
Discriminatory Act:

Signature

Complaint resolved?

YES [] NO []
