**TITLE VI COMPLAINT OF DISCRIMINATION**

Return to: Town of Beverly Shores

 Ellen Hundt, Title VI Coordinator

 500 Broadway

 P.O. Box 38

 Beverly Shores, Indiana 46301

 Tel: (219) 728-6531

 E-mail address: Beverlyshores.clerk@gmail.com

**INSTRUCTIONS:**

Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations, prohibit discrimination on the basis of race, color, and national origin in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, the Federal Highway Administration, and/or the Federal Transit Administration. These non-discrimination provisions extend to the Town of Beverly Shores' subrecipients, consultants, and contractors, whether federally funded or not.

The purpose of this form is to help any person interested in filing a complaint of discrimination with the Town of Beverly Shores. If the complaint is against the Town of Beverly Shores, the Town's Title VI Coordinator will forward the complaint to the appropriate state or federal agency for investigation.

Use of this form is not required to file a complaint. Alternately, you may write a letter with the same information and submit it to the address indicated above. You must sign the complaint or it will not be processed. All forms in bold must be completed for your complaint to be investigated. Failure to provide this information may delay investigation of your complaint.

The Town of Beverly Shores is required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities. Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. For assistance in filing a complaint for individuals with limited English proficiency or disabilities, please contact the Town of Beverly Shores' Title VI Coordinator.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. Please make a copy of your original complaint form for your records. Do not send original documents of any exhibits you submit. Mail the original complaint, along with copies of any documents or records relevant to your complaint to the address above.

**COMPLAINT INFORMATION**

Name:

Address (number and street, city, state and ZIP code)

Telephone number:

E-mail address:

Date:

**PERSON/AGENCY YOU BELIEVED DISCRIMINATED AGAINST YOU**

Name:

Address (number and street, city, state and ZIP code)

Telephone number:

**When was the last discriminatory act? (month, date, year)**

**Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination took place more than 180 days ago, please explain your delay in filing this complaint.**

**The alleged discrimination was based on:**

** Race Color National Origin**

**Describe the alleged acts of discrimination. (Use additional pages, if necessary.)**

**Provide the names of any individuals with additional information about your complaint, including a brief description of the relevant information such individual may have regarding your complaint:**

How would you like your complaint to be resolved?

Have you filed a complaint alleging the same discrimination with another state or federal agency? \_ Yes \_ No

If yes, please identify the name of the agency and the date you filed your complaint. Please provide a case number, if known.

Signature: Date:

