

External Complaint Form

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Name of complainant		Date (month, day, year)

Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		

Name of witness 2 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		

Name of witness 3 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		

How would you like your complaint to be resolved?		

Name of complainant	Date (month, day, year)
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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 the agency	Date complaint filed (month, day, year)
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with INDOT?

Signature	Date signed (month, day, year)
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