

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)

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Name of complainant	Date (month, day, year)
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**Provide the names of any individuals with additional information regarding your complaint:**

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

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

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

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How would you like your complaint to be resolved?

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please provide the following information for each agency:</i>	
Name of the agency	Date complaint filed (month, day, year)
Case number assigned to your complaint	Current status of your complaint
How did you learn about your right to file a discrimination complaint with INDOT?	
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Signature	Date signed (month, day, year)