External Complaint Form

COMPLAINANT INFORMATION				
Name (first, middle, and last)				
Address (number and street, city, state and ZIP co	ode)			
Home telephone number	Work telephone number	Cellular telephone number		
Name of complainant		Date (month, day, year)		
Name of complainant				
PERSON / A	AGENCY YOU BELIEVE DISCRIMINATED A	GAINST YOU		
Name (first, middle, and last)	Title			
Name of company				
Address (number and street, city, state and ZIP co	ode)			
Home telephone number	Work telephone number	Cellular telephone number		
When was the last alleged discriminatory	act? (month, day, year)			
Complaints of discrimination must be file	ed within 180 days of the date of the allege ays ago, please explain your delay in filing	d discriminatory act. If the alleged act of		
discrimination occurred more than 180 da	ays ago, please explain your delay in ming	g una complaint.		

The alleged discrimination was based on	12			
	Gender	ability Age Retaliation		
	Gender	ability		
☐ Race ☐ Color ☐	Gender	ability		
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☐ Race ☐ Color ☐	Gender	ability Age Retaliation		

			Date (month, day, year)	
Provide the names of any individe	usle with additional information	nn rogarding v	our complaint:	
rovide the names of any individual lame of witness 1 (first, middle, and last		Title	our companie	
		<u> </u>		
lame of company				
Address (number and street, city, state o	and ZIP code)			
Home telephone number	Work telephone number	r	Cellular telephone number	
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nclude a brief description of the rele	evant information the witness ma	ay provide to su	upport your complaint of discrimination.	
		T		
Name of witness 2 (first, middle, and las	t)	Title	Title	
Name of company				
Address (number and street, city, state	and ZIP code)			
Home telephone number	Work telephone numbe	<u> </u>	Cellular telephone number	
() -	() -	•	() -	
		Title		
blame of witness 2 first middle and las	- ₽) '			
Name of witness 3 (first, middle, and las	st)	Tiue		
Name of witness 3 (first, middle, and last Name of company		1100		
		Tibe		
Name of company			Cellular telephone number	
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Name of complainant	Date (month, day, year)
Have you filed a complaint alleging the same discr	imination 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)
Case number assigned to your complaint	Current status of your complaint
How did you learn about your right to file a discrim	ination complaint with INDOT?
Signature	Date signed (month, day, year)