



# Title VI Complaint Form

Town of Pendleton | Planning Department

PO Box 230 | 100 West State Street

Pendleton, Indiana 46064

V: 765-778-8370 | F: 765-778-7470

Version 11102015

## Complainant's Information

Complainant's Name

Date

Address

City/Town

State

Zip code

Phone Number

Email Address

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## Person Discriminated Against (if someone other than complainant)

Name of Person Discriminated Against

Address

City/Town

State

Zip code

Phone Number

Email Address

Please indicate why you believe the discrimination occurred:

Race

Color

National Origin

Other. Please explain: \_\_\_\_\_

Date of alleged discrimination:

Location of alleged discrimination:

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible (attach additional pages if needed).

Please list any and all witnesses' names, phone numbers, and email addresses:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state, or local agency; or with any federal or state court?

Yes

No

If yes, which court or agency?

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date, and send your complaint to:

Scott Reske  
Town Manager/ADA & Title VI Coordinator  
100 West State Street, PO Box 230  
Pendleton, IN 46064  
Voice: 765-778-7776  
Email: sreske@town.pendleton.in.us

Printed Name

Signature

Date