

City of Warsaw, Indiana

**TITLE VI COMPLAINANT  
CONSENT / RELEASE FORM**



Name:	Telephone Number:
Address (number and street, city, state, ZIP code)	
<p><i>As a complainant, I understand that during an investigation it may become necessary for The City of Warsaw to reveal my identity to individuals outside of the City of Warsaw Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for the City of Warsaw to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by the City of Warsaw.</i></p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please Circle One)</i></p>	
<p><b>CONSENT</b></p> <p>I have read and understand the above information and authorize the City of Warsaw to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize the City of Warsaw to receive, review, and discuss material and information about me relevant to the investigation of my complaint.</p> <p>I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p>	
<p><b>CONSENT DENIED</b></p> <p>I have read and understand the above information and do not want the City of Warsaw to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without the City of Warsaw making a determination in my case.</p>	
Signature	Date:
Printed Name:	

**City of Warsaw, Indiana**



**TITLE VI COMPLAINT FORM**

*Complaints Must Be Filed Within 180-Days Of The Alleged Act of Discrimination  
Please Print Clearly, Answers To The Following Questions.  
Illegible or Incomplete Answers May Delay or Prohibit Timely Processes.*

<b>Section I</b>							
Name:							
Address:			City:	Zip Code:			
Telephone Number (include area code):							
Alternate Number (include area code):							
Email Address:							
Do You Need Alternative Accessible Format For Communication? If Yes, Please Check:							
<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>	TTD	<input type="checkbox"/>	Other (specify):

<b>Section II</b>	
Are You Filing This Complaint On Your Own Behalf?	
If Yes, Please Go To Section III	
If No, Please Supply The Name & Relationship Of The Person For Whom This Complaint Is About:	
Please Explain Why You Have Filed A Complaint For A Third Party:	
Please Confirm You Have Permission From Aggrieved Party If Filing On Behalf Of A Third Party:	

<b>Section III</b>
Have You Previously Filed A Title VI Complaint With The City of Warsaw?

<b>Section IV</b>	
Name Of Department, Activity, Or Person Complaint Is Against:	
Contact Person:	Title (if known):
Telephone Number (include area code):	

<b>Section V</b>
On separate sheets, please describe your complaint. You should include details such as names, dates, times, activities, programs, witnesses, and/or other information that would assist us in our investigation of your allegations, and provide any other documentation that is relevant to this complaint. Please include the basis of the complaint; person's race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law which may include low income status, or limited English proficiency. Further, irrespective of whether sexual orientation or transgender status are legally-protected statuses, the City does not tolerate discrimination on the basis of sexual orientation or transgender status.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (NOTE: we cannot accept your complaint without a signature)

Please mail or return this completed form to the attention of: Jennifer Whitaker (Title VI Coordinator), City of Warsaw, 102 S. Buffalo Street, Warsaw, IN 46580. You may fax it to (574) 372-3256 or email it to [jwhitaker@warsaw.in.gov](mailto:jwhitaker@warsaw.in.gov).

**Office Use Only**

Date City Received	Received By	Start Date	Closed Date
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