

## **Town of Middlebury Complaint Procedure under Title VI**

This Complaint Procedure is established to meet the requirements of Title VI of the Civil Rights Act of 1964 ("Title VI). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of race, color, national origin, sex, age, disability/handicap, religion, low income status, limited English proficiency, or other protected classification in the provision of services, activities, programs, or benefits under any program or activity for which the Town of Middlebury received Federal financial assistance. The Town's Employee Handbook governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 30 calendar days after the alleged violation to:

**Title VI Coordinator  
Middlebury Town Manager  
418 N Main Street  
Middlebury, IN 46540  
townmanager@middleburyin.com**

Within 15 calendar days after receipt of the complaint, the Town Manager or the appropriate designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Town Manager or the appropriate designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Town of Middlebury and offer options for substantive resolution of the complaint.

If the response by the Town does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Middlebury Town Council.

Within 15 calendar days after receipt of the appeal, the Town Council or the Council's designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Town Council will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the Town Manager, appeals to the Town Council, and responses will be retained by the Town of Middlebury for at least three years.



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

Address (number and street, city, state and ZIP code)

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

Address (number and street, city, state and ZIP code)

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

Address (number and street, city, state and ZIP code)

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
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*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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