

Complainant's Name: _____ Date: _____

City, State & Zip Code: _____

Name: _____ Phone Number: _____

City, State & Zip Code: _____

☐ Race
☐ Color
☐ National Origin
☐ Other Please explain: _____

What was the date of the alleged discrimination?: _____

Where did the alleged discrimination take place?: _____

[illegible]

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

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:

Theresa Ray
ADA Coordinator
PO Box 57
Shoals, IN 47581
812-247-2666

Printed name: _____

Signature: _____ Date: _____