

Name of Complainant:	Date:
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The alleged discrimination was based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin
<input type="checkbox"/> Color	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Religious Affiliation
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Retaliation

Describe the alleged acts(s) of discrimination. *(Use additional pages, if necessary)*

PROVIDE THE NAMES OF ANY INDIVIDUALS WITH ADDITIONAL INFORMATION REGARDING YOUR COMPLAINT:		
Name of witness 1 <i>(first, middle, last)</i>	Title	
Name of company		
Address <i>(number and street, city, state, ZIP code)</i>		
Home phone number () - -	Work phone number () - -	Cell phone number () - -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

Name of Complainant:	Date:
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Name of witness 2 (<i>first, middle, last</i>)	Title
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Name of company

Address (<i>number and street, city, state, ZIP code</i>)

Home phone number () - - -	Work phone number () - - -	Cell phone 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 (<i>first, middle, last</i>)	Title
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Name of company

Address (<i>number and street, city, state, ZIP code</i>)

Home phone number () - - -	Work phone number () - - -	Cell phone 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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Complete and return this form to:
Michelle Goodman, ADA/Title VI Coordinator, 1201 S Nappanee St, Elkhart, IN 46516
Phone: 574-293-2572 TDD: 574-389-0189 Fax: 574-293-7658

This form is available in alternative format upon request

ADA COORDINATOR USE ONLY: Date Received: _____ Case Number: _____
