

TITLE VI NONDISCRIMINATION IMPLEMENTATION PLAN & POLICY AND ASSURANCES OF NONDISCRIMINATION

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, THE AMERICANS WITH DISABLITIES ACT (ADA) OF 1992 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

Fulton County Government •125 E 9th Street, Rochester, Indiana, 46975 • www.co.fulton.in.us

TITLE VI NONDISCRIMINATION COMPLAINT

Name:			Date submitted:
Address:			
Phone:	(cell)		P. 4
	(home)		
Are you	,	complaint on your	
_	$_{ m Yes}$ \square		(If "yes", go to next section)
If not, pleas	se supply the	name and relationsh	uip of the person for whom you are complaining
Please expl	ain why you	have filed for a third	party:
Please confi		have obtained the pe	ermission of the aggrieved party if you are filing on behalf of a
Yes		$_{ m No}$ \square	
• Have yo	u previousl	y filed a Title VI co	omplaint with this agency?
Yes		$_{ m No}$ \square	
• Who do	you believe	discriminated you	.?
Name:_			Department:
• When a	nd where di	d the alleged discr	imination occur?
Date:		Time:	Location:

Please return this completed form to Christina Sriver, Title VI Coordinator, Fulton County Auditor's Office, 125 E 9th Street, Rochester, IN, 46975, (574) 223-2912, Auditor@co.fulton.in.us. Fulton County Government will investigate all complaints in accordance with Fulton County Government's Title VI compliant process and promptly take any remedial action deemed necessary to provide an equitable resolution to overcome the effects of a substantiated violation.

• List any witnesses to the alleged dis	crimination.		
<u>Name</u>	<u>Title</u>	<u>Department</u>	
• Please indicate why you believe the	discrimination	occurred:	
Race/Color/National Origin	☐ Religion	L	
\square Gender	☐ Low inc	ome status	
\square Age	☐ Limited	English Proficiency	
☐ Disability	Other (olease exlplain):	
Describe the incident (attach addition)	onal pages as no	eeded):	
• Certification			
I hereby certify that all above statements a	re true to the bes	of my acknowledgement.	
Signature:			
Deter			

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