



# CIVIL RIGHTS COMPLAINT

State Form 55420 (R3 / 5-21)  
INDIANA CRIMINAL JUSTICE INSTITUTE

**INDIANA CRIMINAL JUSTICE INSTITUTE**  
**Attention: Legal**  
402 West Washington Street, Room W469  
Indianapolis, IN 46204  
Telephone number: (317) 232-1233  
Fax number: (317) 232-4979  
E-mail: [cjicompliance@cji.in.gov](mailto:cjicompliance@cji.in.gov)  
[www.in.gov/cji](http://www.in.gov/cji)

## INSTRUCTIONS:

*The purpose of this form is to help any person interested in filing a discrimination complaint with the Indiana Criminal Justice Institute (ICJI) against entities that receive funding from ICJI.*

*You are not required to use this form. You may write a letter with the same information, sign it and return it to the address or e-mail printed above.*

*All items in bold must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.*

*Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color and national origin in connection with programs or activities receiving federal financial assistance from the United States Department of Justice (DOJ) and/or any other federal agency. These prohibitions extend to ICJI as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not. In addition to Title VI, DOJ-funded entities are prohibited under federal civil rights laws from discriminating on the basis of religion, sex, age, and disability, and, in some cases, gender identity and sexual orientation. ICJI's non-discrimination policy also prohibits discrimination based on age, gender and income status.*

*ICJI is also required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.*

*Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Indiana Relay Service.*

*You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to ICJI. Additionally, you have a right to seek private counsel.*

*ICJI and its sub-recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.*

*Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.*

*Complaints of discrimination must be filed within 180 days (or one year, depending on the terms of the statute) of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days (or one year, depending on the terms of the statute) ago, please explain your delay in filing this complaint.*

**\*\*Your complaint cannot be processed without your signature.**

<b>COMPLAINANT INFORMATION</b>		
Name <i>(first, middle, and last)</i>		
Address <i>(number and street, city, state, and ZIP code)</i>		
Home telephone number (     )     -	Work telephone number (     )     -	Cellular telephone number (     )     -
E-mail address		

Name of complainant	Date (month, day, year)
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**PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU**

Name (first, middle, and last)	Title
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Name of company / agency

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

Home telephone number (     )     -	Work telephone number (     )     -	Cellular telephone number (     )     -
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When was the last alleged discriminatory act? (month, day, year)

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

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The alleged discrimination was based on (check all that apply):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation

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

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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 / agency
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Address (number and street, city, state, and ZIP code)
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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 / agency
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Address (number and street, city, state, and ZIP code)
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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 / agency
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Address (number and street, city, state, and ZIP code)
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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 company / 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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Signature	Date signed (month, day, year)
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