

Appendix F
Title VI Complaint / Grievance Form
Decatur County, Indiana

Complainant: _____ **Date:** _____

Person Preparing Form (if different from Complainant): _____

Relationship to Complainant: _____

Street Address & Apt. No.:

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **E-mail:** _____

Please provide a complete description and location(s) of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:

Your concerns are important to us. Someone will contact you shortly. If you prefer not to be contacted, please check here: †

Signature: _____ **Date:** _____

Return to: Christy Smiley
Decatur County Title VI Coordinator
150 Courthouse Sq. Suite 133
Phone: (812) 663-2570 Email: auditor@decaturcounty.in.gov