



Decatur County Indiana

Title VI Authorization to Release Information form



Decatur County, Indiana *an Equal Opportunity Employer*

Name of complainant: _____

Address _____

Phone Number _____

In order for a complete and thorough investigation of my Title VI complaint, I hereby authorize Decatur County, Indiana to release the following information concerning my complaint:

The documents to be released are described or listed as: _____

I authorize this information to be released to: _____

I understand the information will be handled confidentially in compliance with applicable federal laws.

I understand that I may see the information that is to be sent.

I understand that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature

Witness signature

Printed name

Printed witness signature

Date

Date

Relationship to complainant (if applicable)

Completed form must be submitted to:
Decatur County, Title VI Coordinator
150 Courthouse Sq Ste 133
Greensburg, IN 47240
812-663-2570