

**Town of Cumberland  
Title VI Complaint Log**

The **Town of Cumberland, Indiana** Title VI Complaint Procedure is made available in the following locations:

- 1) Town of Cumberland's website
- 2) Hard copy in the office of the Title VI Coordinator: Christine Owens
- 3) Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- 4) Other, \_\_\_\_\_

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
<b>Section II:</b>			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party: _____			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
[ ] Race                      [ ] Color                      [ ] National Origin			
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of			

the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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**Section IV**

Have you previously filed a Title VI complaint with this agency?	Yes	No
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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

- Federal Agency: \_\_\_\_\_
- Federal Court \_\_\_\_\_                       State Agency \_\_\_\_\_
- State Court \_\_\_\_\_                       Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

**Name:**

**Title:**

**Agency:**

**Address:**

**Telephone:**

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Christine Owens  
Title VI Coordinator  
Town of Cumberland  
11501 E. Washington St.  
Cumberland, IN 46229  
Telephone: 317.894.6202  
Email: [planner@town-cumberland.com](mailto:planner@town-cumberland.com)