

Town of North Manchester North Manchester, Indiana

ADA– COMPLAINT FORM

*Complaints Must Be Filed Within 180-Days of The Alleged Act of Discrimination
Please Print Clearly, Answers To The Following Questions.
Illegible or Incomplete Answers May Delay or Prohibit Timely Processes.*

Section I			
Name:			
Address:		Town:	Zip Code:
Telephone Number (include area code):			
Alternate Number (include area code):			
Email Address:			
Do You Need Alternative Accessible Format For Communication? If Yes, Please Check:			
<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
<input type="checkbox"/>		<input type="checkbox"/>	TTD
<input type="checkbox"/>	Other (specify):		
Section II			
Are You Filing This Complaint On Your Own Behalf?			
If Yes, Please Go To Section III			
If No, Please Supply The Name & Relationship Of The Person For Whom This Complaint Is About:			
Please Explain Why You Have Filed A Complaint For A Third Party:			
Please Confirm You Have Permission From Aggrieved Party If Filing On Behalf Of A Third Party:			
Section III			
Have You Previously Filed A ADA Complaint With The Town of North Manchester?			
Section IV			
Name Of Department, Activity, Or Person Complaint Is Against:			
Contact Person:		Title (if known):	
Telephone Number (include area code):			
Section V			
On separate sheets, please describe your complaint. You should include details such as names, dates, times, activities, programs, witnesses, and/or other information that would assist us in our investigation of your allegations, and provide any other documentation that is relevant to this complaint. Please include the basis of the complaint; person's race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law which may include low income status, or limited English proficiency. Further, irrespective of whether sexual orientation or transgender status are legally-protected statuses, the Town does not tolerate discrimination on the basis of sexual orientation or transgender status.			

Signature: _____ Printed Name: _____ Date: _____
(NOTE: we cannot accept your complaint without a signature)

Please mail or return this completed form to the attention of: Miriah Tobias (ADA Coordinator), Town of North Manchester, 103 E Main Street, North Manchester, IN 46962. You may fax it to (260) 982-7428 or email it to mtobias@nmanchester.org

Office Use Only

Date Town Received	Received By	Start Date	Closed Date
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**Town of North Manchester,
North Manchester Indiana
ADA COMPLAINTANT CONSENT / RELEASE FORM**

Name:	Telephone Number:
Address <i>(number and street, Town, state, ZIP code)</i>	
<p><i>As a complainant, I understand that during an investigation it may become necessary for The Town of North Manchester to reveal my identity to individuals outside of the Town of North Manchester Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for the Town of North Manchester to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by ADA of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by the Town of North Manchester.</i></p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please Circle One)</i></p>	
<p>CONSENT</p> <p>I have read and understand the above information and authorize the Town of North Manchester to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize the Town of North Manchester to receive, review, and discuss material and information about me relevant to the investigation of my complaint.</p> <p>I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p>	
<p>CONSENT DENIED</p> <p>I have read and understand the above information and do not want the Town of North Manchester to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without the Town of North Manchester making a determination in my case.</p>	
Signature	Date:
Printed Name:	