

# MADISON COUNTY



INDIANA

HUMAN RESOURCES  
MADISON COUNTY GOVERNMENT CENTER  
16 EAST 9TH STREET  
ANDERSON, INDIANA 46016

MELINDA NEELEY  
765/641-9478 • FAX 765/641-9578  
mneeley@madisoncounty.in.gov

## TITLE VI: GRIEVANCE FORM

Date: \_\_\_\_\_

Person Filing Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Individual Discriminated Against: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Alleged Violation:

Date(s) of Occurrence: \_\_\_\_\_

Description of Violation: \_\_\_\_\_

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Has Complaint been Filed with State or Federal Agency: \_\_\_\_ Yes \_\_\_\_ No.

Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_