Reset Form

COMPLAINT OF DISCRIMINATION

State Form 42782 (R2 / 6-14)

INDIANA CIVIL RIGHTS COMMISSION
100 North Senate Avenue, Room N103
Indianapolis, IN 46204
Telephone: (317) 232-2600
Toll free: (800) 628-2909

INSTRUCTIONS: Please type or print legibly.

Any person or representative aggrieved by a discriminatory practice or act contrary to the provisions of the Indiana civil rights laws may file a complaint with the Indiana Civil Rights Commission (ICRC). A complaint must be filed within one hundred eighty (180) days from the date of the last occurrence of the discriminatory act (except in housing cases). A complaint alleging a discriminatory housing practice must be filed within one (1) year from the date of the last occurrence.

COMPLAINANT INFORMATION

Name (*first, last*)

Home telephone number	Work telephone number	Mobile telephone number	E-mail address
( )	( )	( )	

Address *(number and street, city, state, and ZIP code)*

SECONDARY CONTACT INFORMATION
(in the event that we cannot reach you at the above contact)

Name (*first, last*) | Relationship

Home telephone number	Work telephone number	Mobile telephone number
( )	( )	( )

RESPONDENT INFORMATION

Name of respondent

Address *(number and street, city, state, and ZIP code)* | Telephone number ( )

Mailing address *(number and street, city, state, and ZIP code)*

Number of employees *(please check one only)*

☐ 1 - 5 ☐ 6 -14 ☐ 15 or more ☐ N/A

AREA OF DISCRIMINATION

I believe I have been discriminated against in the area of:

☐ Credit ☐ Education ☐ Employment ☐ Public Accommodation ☐ Housing

I believe I have been discriminated against on the basis of:

☐ Age ☐ Ancestry ☐ Color ☐ Disability ☐ Race ☐ Religion
☐ Gender ☐ Retaliation ☐ Familial Status ☐ National Origin ☐ Veteran Status

What date did the alleged discriminatory act occur? *(month, day, year)*

How were you referred to the ICRC?

☐ Attorney / Lawyer ☐ Government Agency ☐ Friend ☐ Advertisement ☐ Brochure/Poster ☐ Internet ☐ Other _____

GRIEVANCE OR OTHER ACTION FILED REGARDING THIS MATTER

Name of procedure or agency | Date filed *(month, day, year)*

Status / Disposition	Date of disposition *(month, day, year)*	Date of alleged discriminatory act *(month, day, year)*

STATEMENT OF ALLEGATIONS

AFFIRMATION

I affirm, under the penalties for perjury that the foregoing representations are true.

Signature of complainant	Date *(month, day, year)*

FOR OFFICE USE ONLY *(DO NOT WRITE BELOW THIS LINE.)*

How was intake inquiry received? ☐ Telephone ☐ Walk-in ☐ Web ☐ Other: _____	Intake taken by
Assign to	Date *(month, day, year)*