

TIPPECANOE COUNTY HUMAN RELATIONS COMMISSION COMPLAINT PROCESS

- 1) The Human Relations Commission of Tippecanoe County investigates complaints of discrimination in areas within the county and outside the city limits of Lafayette or West Lafayette. If the alleged discrimination has taken place within the city limits of Lafayette or West Lafayette, please file your complaint with the Lafayette or West Lafayette Human Relations Commission. (For more information, please visit www.diversitytippecanoe.org.)
- 2) Please fill out the form below. You may type in your information and then print the form, print a blank and fill it out by hand, or get a copy of this form at the Tippecanoe County Office Building, 20 North Third Street, Lafayette, Indiana 47901.

Please fill out your contact information under "Complainant" and provide the information of the person, agency or institution you are charging with discrimination under "Respondent". Provide the dates and facts regarding the alleged discrimination, as well as a brief description of the relief or result that you are seeking by filing this complaint. (Describe what it would take to resolve the issue(s) you are alleging.)

- 3) Please DO NOT sign the form at this time.
- 4) Your signature must be notarized. Notary public service is available for free at the Tippecanoe County Office Building, 20 North Third Street, Lafayette, Indiana 47901.

Please have a photo ID with you and contact (765) 423-9215 for more information before going to the County Office Building.

- 5) The complaint form can be mailed or delivered to the **Tippecanoe County Commissioners Office, Tippecanoe County Office Building, 20 North Third Street, Lafayette, Indiana 47901**. The office hours are Monday through Friday 8:00 am to 4:30 pm. You may mail the form if you have already had your signature notarized.
- 6) This complaint form must be filed with the Human Relations Commission no later than 90 days after the alleged discrimination occurred.
 - *In a timely fashion, the chairman of the HRC or his designee and the county attorney will review the form for appropriateness.*
 - *If the complaint is appropriate, the chairman will appoint from the HRC two fact finders and letters will be sent to both the complainant and the respondent.*

- *Following the fact-finding process, if the facts substantiate the complaint, the possibility for ADR (Alternative Dispute Resolution) is examined. If a resolution is reached, the parties will be notified in writing of each party's responsibility and that the discrimination complaint procedure is over.*
- *If ADR is not possible or if resolution can't be reached, the parties will be notified of the necessity of a formal hearing.*
- *After the hearing has concluded, the HRC will render a decision.*
- *If either party fails to comply with the HRC's decision, relevant information will be presented to the County Prosecutor for study or prosecution.*
- *If both parties accept the decision of the HRC, they will be notified of their responsibilities under the decision and that the discrimination complaint procedure is over.*

7) For questions regarding this process, please leave a message for the Chair of the Human Relations Commission at (765) 423-9215.



**TIPPECANOE COUNTY HUMAN RELATIONS COMMISSION
VERIFIED COMPLAINT FORM**

Complainant:			Respondent:		
Name:			Name:		
Home address (number and street):	Apartment no.:		Home address (number and street):	Apartment no.:	
City, town:	State:	ZIP code:	City, town:	State:	ZIP code:
Telephone Work:	Home/Cell:		Telephone Work:	Home/Cell:	
Email			Respondent Email		

The undersigned complainant states that an act of discrimination has been committed against him or her on (dates): _____ to _____

State the specific facts concerning the discrimination: (Use additional sheets if needed.)

Has this complaint been filed with any other agency? Yes No If yes, please list agency or agencies, date and status of complaint:

By filing this complaint with the TCHR Commission you may forfeit your right to file this complaint with the Indiana Civil Rights Commission.

What relief, result or corrective action are you seeking by filing this complaint?

Signature of Complainant(s) _____ Date: _____

NOTARY PUBLIC

Subscribed and sworn to before me, a Notary Public, in and for Tippecanoe County, State of Indiana, this _____ day of _____ 20____. My commission expires: _____

Notary Printed Name _____ Notary Public Signature _____

