

**Appendix F
Title VI Complaint / Grievance Form
Ripley County, Indiana**

Complainant: _____ **Date:** _____

Person Preparing Form (if different from Complainant): _____

Relationship to Complainant: _____

Street Address & Apt. No.:

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Please provide a complete description and location(s) of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:

Your concerns are important to us. Someone will contact you shortly.

If you prefer not to be contacted, please check here:

Signature: _____ **Date:** _____

Return to: J. Patrick Rose
Ripley County Title VI Coordinator
102 West First North Street (PO Box 235) Versailles, IN 47042
Phone: (812) 689-0505/Email: adacoordinator@ripleycounty.com