The Northwestern Indiana Regional Planning Commission
COMPLAINT FORM

All written complaints about any matter relating to civil rights, shall be submitted on this form. NIRPC will assist those who submit verbal complaints to transfer these complaints onto this written form. You are required to complete all sections. Before completing this form, please ensure that you have read NIRPC's Procedures for Tracking and Investigating Civil Rights Complaints. You should expect an acknowledgement within 10 working days and will be informed of the outcome of your complaint within 90 days, unless NIRPC notifies you that the investigation will need additional time.

This form should be sent to the Compliance Specialist of the Northwestern Indiana Regional Planning Commission

Please keep a copy of this form for your records, plus any material you submit.

SECTION A - YOUR DETAILS

Title ……… Name(s)…………………………………………….

Address

City ……………………………………………State………… Zip ……………………

Telephone Number …………………………………….

SECTION B – NATURE OF THE COMPLAINT
Please set out below the main points of your complaint.

Use additional sheets if necessary.

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PLEASE LIST ANY DOCUMENTARY EVIDENCE ATTACHED AND MAKE SURE YOU KEEP A COPY.
(E.g., any correspondence, list of dates when events occurred, or other documentation related to your complaint)

SECTION C - AN OUTLINE OF THE ACTION YOU HAVE TAKEN SO FAR
Please outline the steps you have already taken to resolve your complaint informally:

With whom was it discussed? ………………………………………………………………

Date …………………………

Position ………………………………………………………………………………………..

Department(s) ……………………………………………………………………………………

Describe the outcome of any action taken so far and explain why you believe that the matter has not yet been resolved.

SECTION D - DESIRED OUTCOME
Please describe the action you would like to see taken in order to resolve the complaint to your satisfaction.

SECTION E – DECLARATION
I believe that the above information is accurate. I confirm that details of this complaint can be passed on to the NIRPC Finance and Personnel Committee for appeal (if applicable).

Signature: …………………………………………………………………

Name ……………………………………………………………

Contact Information …………………………………………………………

Date: …………………………………………

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FOR OFFICE USE ONLY:

Acknowledgement sent ……………………………………………….

Reply sent ……………………………………….

Complaint forwarded to department ………………………….

Response received ………………………….

What action (if any) is now needed?

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