

Please list any and all witnesses' names, phone numbers and email addresses:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state or local agency; or with any federal or state court? Yes No

If yes, which court or agency? _____

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date and send your complaint to:

**Sherry Willis, Administrator/ Title VI & ADA Coordinator
City of Mount Vernon-City Hall
520 Main Street
Mount Vernon IN 47620**

Printed name: _____

Signature: _____ Date: _____