

Appendix A

III. **Persons Named in your Complaint**

List the names of (or describe) all persons involved in your complaint. Indicate the job title and County Department if possible.

IV. **Witnesses to Your Complaint**

List the names of (or describe) all persons involved in your complaint. Indicate the job title and County Department if possible.

V. **Evidence and Documentation**

List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim or discrimination.

VI. **Case remedy and/or resolution**

What remedies or resolutions are you seeking?

CERTIFICATION

I herby certify that the information and statements provided above are true.

Signature: _____ Date: _____

If compliant is not the individual completing this form, please provide:

Representative's Printed Name: _____

Address: _____ Telephone Number: _____



Whitley County Government is an Equal Opportunity Employer and does not discriminate upon the basis of race, age, gender, religion, national origin, disability or any other characteristic protected by law. Whitley County will provide reasonable accommodations to qualified individuals with a disability.