



TITLE VI COMPLAINT FORM

In order for the City to properly process your complaint, the following information is required:

1. Complainant's Information:

Name _____
Address _____
Telephone _____ (home)
_____ (work)

2. Person discriminated against (if someone other than the complainant):

Name _____
Address _____
Telephone _____ (home)
_____ (work)

3. Name and location of the City department or official that you believe discriminated against you:

Name _____
Address _____
Telephone _____ (if known)

4. Which best describes the reason you believe the discrimination took place? Was it because of your:

Race / Color: _____ (please specify)
National Origin: _____ (please specify)

5. Please state the date the alleged discrimination took place:

6. Please describe the alleged discrimination, including what happened and whom you believe is responsible:

7. Please list any witnesses you have to verify your allegations (attach additional sheet if needed):

Name _____

Address _____

Telephone _____ (home)

_____ (work)

Name _____

Address _____

Telephone _____ (home)

_____ (work)

8. Have you attempted to resolve this complaint with the accused department or official?

Yes _____

No _____

If yes, what is the status of attempted resolution?

Information on the City employee or official contacted regarding the complaint:

Name _____
Address _____
Telephone _____

9. Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

Yes _____
No _____

If yes, please list what agency or court:

Please provide information of the person contacted at the agency or court where the complaint was filed:

Name _____
Address _____
Telephone _____

10. Do you intend to file this complaint with another agency?

Yes _____
No _____

If yes, when and where to you intend to file this complaint:

Date _____
Name _____
Address _____
Telephone _____

11. If you are represented by an attorney with regard to anything related to this complaint, please list the attorney's contact information:

Name _____
Address _____

Telephone _____

12. Have you filed any other Title VI complaints with the City?

Yes _____
No _____

If yes, please give a brief description of the other complaint(s) and the current status of the complaint(s):

You may attach any other information relevant to your complaint.

Please sign and date below indicating the information contained on this form is true and accurate to the best of your knowledge.

Complainant's Signature

Date