

Title VI of the 1964 Civil Rights Act Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on the next page. Alternate means of filing a complaint, such as a personal interview or audio recording, will be made available on request.

Your Information

Complainant's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone (Home): _____ Work/Cell: _____

Person(s) Discriminated Against (if other than complainant)

Name(s): _____

Address: _____

City, State, Zip Code: _____

What is the discrimination based on? _____

Date of the alleged discrimination: _____ Location: _____

Information About the Discrimination

Agency person that was responsible for alleged discrimination:

Describe the alleged discrimination, explain what happened and whom you believe was responsible (additional sheets of paper may be attached to this form):

List names and contact information of persons who may have knowledge of the alleged discrimination.

What remedy are you seeking?

Other Filing Information

Have you filed this complaint with any other Federal, State or local agency (circle one): Yes No

If so, please provide their information below:

Agency Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Date filed: _____

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature: _____ Date: _____

Return to:
Title VI Coordinator, Brock Grenis
700 Sixteenth Street NE, Suite 301
Cedar Rapids, IA 52402