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, Natalie Fraehlich
700 Sixteenth Street NE, Suite 301
Cedar Rapids, IA 52402