

## **Title VI Complaint Form**

The City of Fort Dodge is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Fort Dodge Human Rights

Commission office at 515.576.2201. The completed from must be returned to the Fort Dodge Human Rights Commission, 819 1st Avenue South, Fort Dodge, Iowa, 50501.

Name:					
Street Address:					
City:		State	e:	Zip:	
Daytime Phone:					
Person discriminated	d against (if someone	e other than the co	mplainant)	):	
Which of the followi	ng best describes the	e reason for the all	eged discri	mination?	
National Origin	Age				
Color	Other (please s	specify):			

Describe the alleged discrimination incident. Provide the names and titles of all City of Fort						
Dodge employees responsible. Explain what happened, when it happened, whom you believe						
was responsible and any other specific relevant information. Please use an additional sheet of						
paper if more space is required.						
paper if more space is required.						
<del></del>						

Have you filed a complaint with any other federal, state or local a incident?	gencies regarding this
Yes	
□ No	
If so, list agency/agencies and contact information.	
Agency:	
Contact Name:	
Phone Number:	
Agency:	
Contact Name:	
Phone Number:	
I affirm that I have read the above charge and it is true to the be	est of my knowledge.
Complainant's Signature:	
Printed Name: Date:	
	For agency use only:
	Received by:
	Date: