

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 upon request.

Complainant: _____

Address: _____

City, State, & Zip: _____

Home phone: _____ Mobile Phone: _____

Person Discriminated Against: _____
(if other than complainant)

Address: _____

City, State, & Zip: _____

Home phone: _____ Mobile Phone: _____

City Department/Departments you believe have discriminated.

Where did the alleged discrimination take place?

When did the alleged discrimination occur? (Date/Time) _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated (if applicable) or services in violation of the 1964 Civil Rights Act or its amendments. Attach additional pages if necessary

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes _____ No _____

If yes, with what agency or court?

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? _____

Yes _____ No _____

Agency or Court: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Additional space for answers:

Signature: _____ Date: _____

Return To:

**Title VI Civil Rights Coordinator
City Manager's Office
PO Box 811
515 Clark Avenue
Ames, IA 50010**