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