

## Title VI Complaint Form

Section 1.				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
E-Mail Address				
Accessible Format Requirements	Large Print		Audio Tape	
	TDD		Other	
Section 2.				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "Yes" to this question, go to Section 3.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:  _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No	
Section 3.				
I believe the discrimination I experienced was based on (Check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____				
_____				
_____				
Section 4				
Have you previously filed a Title VI complaint with is agency?		Yes	No	

Section 5.

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court:

Yes             No

If yes, check all that apply.

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section VI

Name of Agency Complaint Against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below or mail this form to:

City Clerk

City of River Falls

222 Lewis Street

River Falls, WI 54022