



TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act prohibit discrimination on the grounds of race, color, national origin, age and disability. Any person who feels they have been excluded from participation in, been denied the benefits of, or subjected to discrimination under any program or activity provided by Black Hawk County has the right to file a complaint.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact the Black Hawk County Human Resources Department at (319)833-3009.

Complete this form and return to:

Black Hawk County Human Resources Department
ATTN: Title VI Coordinator
316 E. 5th Street
Waterloo, IA 50703

Complainant Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP CODE: _____

Telephone (Home): _____ Telephone (Alternate): _____

Person(s) discriminated against (if other than complainant):

Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____

Telephone (Home): _____ Telephone (Alternate): _____

What is the discrimination based on?

- ☐ Race/Color
- ☐ National Origin
- ☐ Sex
- ☐ Disability
- ☐ Income Status
- ☐ Limited English Proficiency
- ☐ Age



TITLE VI COMPLAINT FORM

Date of the alleged discrimination:_____ Location:_____

Agency or person that was responsible for the alleged discrimination:

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

What remedy are you seeking?

List any names and contact information of persons who may have knowledge of the alleged discrimination.

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

Please sign and date. This complaint will not be accepted if it has not been signed. You may attach any written materials of other supporting information you think is relevant to your complaint.

Signature

Date