



Fleet and Transit Division

Municipal Transit Administration Title VI Complaint Form

Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format
Requirements?

Large Print

TDD

Audio Tape

Other

Section II:

Are you filing this complaint on your own behalf?

Yes*

No

*If you answered "yes" to this question, go to Section III.

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 III:

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

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 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 IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
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 is against:		
Contact person:		
Title:		
Telephone number:		

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 of Clinton, Municipal Transit Administration
Title VI Coordinator
1320 South Second Street
Clinton, Iowa 52732