Title VI Complaint Form

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Were you discriminated against because of: (Please check the appropriate box)

[__] Race [__] National Origin [__] Color [__] Other

_____

Date of Alleged Incident:_____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.

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Have you filed this compliant with any other federal, state, or local agency; or with any federal or state court? [__] Yes [__] No

If yes, please check all that apply:

[__] Federal agency [__] Federal court [__] State agency [__] State court [__] Local agency

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

Name:_____

Address:_____

City, State, and Zip Code:_____

Telephone Number:_____

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

_____

_____

Signature Date

Please mail this form to: City of Joplin

Attn: Title VI Complaint Officer

602 S. Main Street

Joplin, MO 64801