

## **Title VI Complaint Form**

## **City of Maquoketa**

The City of Maquoketa is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (563) 652-2484. The completed form must be returned to the City of Maquoketa, Title VI Coordinator, 201 Pleasant Street, Maquoketa, Iowa 52060.

Phone:
Alt. Phone:

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

Race

Date of Incident:

- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all City of Maquoketa employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

(Complete reverse side of form)

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal,	, state, or local agencies? (Circle one) Yes / No
Agency:	Contact Name:
Agency:	
Agency:Street Address, City, State & Zip Code:	Contact Name:Contact Name:
Have you filed a complaint with any other federal, Agency: Street Address, City, State & Zip Code: Agency: Street Address, City, State & Zip Code:	Contact Name:Contact Name:
Agency: Street Address, City, State & Zip Code: Agency: Street Address, City, State & Zip Code:	Contact Name: Contact Name: Contact Name:
Agency: Street Address, City, State & Zip Code: Agency: Street Address, City, State & Zip Code:	Contact Name: Contact Name: Contact Name: Contact Name:
Agency: Street Address, City, State & Zip Code: Agency: Street Address, City, State & Zip Code: I affirm that I have read the above charge and the	Contact Name:Contact N
Agency:	Contact Name: Contact Name: Contact Name: Contact Name: at it is true to the best of my knowledge, information and belief. Phone