

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary to process your complaint. Assistance is available upon request. Title VI Complaints must be filed within 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

City of Fort Collins, Title VI Coordinator, Jeni Kohles, 300 Laporte Ave., Fort Collins, CO 80521

Phone: 970-416-4254 or Email: titlesix@fcgov.com

Complainant's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Person who has discrimination complaint *(if other than complainant)*:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

What was the discrimination based on? *(check all that apply)*

Race Color Low Income National Origin Limited English Proficiency

Government, or organization, or institution complaint is about:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Date of incident resulting in complaint: _____

Describe the circumstances leading to this complaint. What happened and who was responsible? *(provide names if possible of the individuals involved)*. For additional space, attach additional sheets of paper as necessary.

Where did the incident take place? Please provide location, bus number, etc.

Witnesses? Please provide their contact information:

Name:

Address:

City:

State:

Zip Code:

Telephone:

Name:

Address:

City:

State:

Zip Code:

Telephone:

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? ___Yes ___No

If yes, what is the status of the grievance? _____

Did you file this complaint with another federal, state, or local agency, or with a federal or state court? ___Yes ___No

If yes, check each agency the complaint was filed with: ___Federal Agency ___Federal Court ___State Agency ___State Court ___Local Agency ___Other

Please provide contact person information for the agency/court/other:

Name:

Address:

City:

State:

Zip Code:

Telephone:

Date filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date