

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 of the date of the alleged discrimination. Complete this form and mail or deliver to:

Title VI Coordinator, Jan Reece, 300 Laporte Ave., Fort Collins, CO 80521

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

1) Complainant’s Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

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

Race Color Low Income National Origin Limited English Proficiency

4) Government, organization, or institution complaint is about:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

5) Date of incident resulting in complaint: _____

6) 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.

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

8) Witnesses? Please provide their contact information.

Witness #1 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (*Home/Cell*): _____ (*Business*): _____

Witness #2 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (*Home/Cell*): _____ (*Business*): _____

9) 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?

10) Did you file this complaint with another federal, state, or local agency, or with a federal or state court? ___ Yes ___ No

If the answer is 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 No.: _____

Date filed: _____

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

Complainant's Signature

Date