



MIDAS COUNCIL OF GOVERNMENTS

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."

Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact MIDAS Council of Governments, Executive Director, (515) 576-7183 ext. 211.

Complete this form and return to:

MIDAS Council of Governments
Attn: Executive Director
602 1st Avenue South
Fort Dodge, IA 50501

Complainant's Name: _____

Address: _____ City: _____

State: _____ ZIP: _____

Telephone (Home): _____ (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ ZIP: _____

Telephone (Home): _____ (Work): _____

What is the discrimination based on?

- Race/Color
- National Origin
- Sex
- Disability
- Income Status
- Limited English Proficiency
- Age

Date of the alleged discrimination: _____ Location: _____

Agency or person that was responsible for alleged discrimination:

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (additional sheets of paper may be attached to this form).

List names and contact information of persons who may have knowledge of the alleged discrimination.

What remedy are you seeking?

Have you filed this complaint with any other Federal, State or local agency? If so, whom.

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature

Date