



## 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 1<sup>st</sup> 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