

# 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 VI, 42 U.S.C. § 2000d et seq.**

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.

If you need assistance completing this form please contact the Title VI/ ADA Coordinator below:

Title VI / ADA Coordinator  
C/o County Engineer- Jeremy Purvis  
Hancock County Courthouse  
855 State Street  
Garner, IA 50438  
(641) 923-2243  
[jeremy.purvis@hancockcountya.org](mailto:jeremy.purvis@hancockcountya.org)

Complainant's Name:			
Address:		Phone Number (Home):	
City:	State	ZIP Code	Phone Number (Work):
Person(s) discriminated against (if other than complainant):			
Address:		Phone Number (Home):	
City:	State	ZIP Code	Phone Number (Work):
What is the discrimination based on? <input type="checkbox"/> Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Income Status <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Age			
Date of the alleged discrimination:		Location of alleged discrimination:	

Agency or person that was responsible for the alleged discrimination:

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Have you filed this complaint with any other Federal, State, or local agency? Yes | No

If yes, whom? \_\_\_\_\_

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What remedy are you seeking?

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

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

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

X \_\_\_\_\_  
Signature Date

## Complete this form and return to:

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