

# DICKINSON COUNTY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with Dickinson County based on a violation of Title VI of the Civil Rights Act of 1964. You are not required to use this form. A letter providing the same information may be submitted to file your complaint.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Individual(s) allegedly discriminated against if different than above (use additional pages if needed):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Please explain your relationship to the individual(s) indicated above: \_\_\_\_\_

\_\_\_\_\_

Name of agency and department that allegedly discriminated:

Agency/Department Name: \_\_\_\_\_

Name of Individual (if known): \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of alleged discrimination:

Date discrimination began: \_\_\_\_\_ Last or most recent date: \_\_\_\_\_

**ALLEGED DISCRIMINATION:**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department named on the previous page, please indicate below the basis on which you believe these discriminatory actions were taken.

- Race/Color \_\_\_\_\_
- Religion \_\_\_\_\_
- National Origin \_\_\_\_\_
- Age \_\_\_\_\_
- Gender \_\_\_\_\_
- Disability \_\_\_\_\_

**Explain:**

Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. Attach additional sheets if necessary and provide a copy of written material pertaining to your case:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Dickinson County prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the County. Please inform the Dickinson County Auditor/Title VI Coordinator if you feel you were intimidated or experienced perceived retaliation in relation to filing this complaint.