

City of Nevada
TITLE VI COMPLAINT FORM

“No person in the United States shall, on the basis 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.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

City of Nevada
Attn: Title VI Coordinator
110 S Ash
Nevada, MO 64772
info@nevadamo.org and Fax 417-448-2707

1. Complainant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No: (Home) _____ (Cell) _____
Email address: _____ Do you prefer to be contacted by email? (Y)____(N)____

2. Accessible Format of Form needed? (Y) Please specify: _____ (N)____

3. Are you filing this complaint on your own behalf? (Y) If yes, please go to question 4. (N) If No, please complete the following:
Name of Person Filing Complaint: _____
Address: _____
Telephone No: (Home) _____ (Cell) _____
Email address: _____ Do you prefer to be contacted by email? (Y)____(N)____
Relationship of person for whom you are filing complaint for? _____
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ____ (Y) I have permission ____ (N) I do not have permission

4. I believe that the discrimination I experienced was based on (check all that apply):
____ Race
____ Color
____ National Origin
____ Other (please specify) _____

5. Date of Alleged Discrimination (Month, Day, Year): _____

6. Where did the Alleged Discrimination take place? _____

7. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.* _____

8. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.* _____

9. What type of corrective action would you like to see taken? _____

10. Have you filed a complaint with any other Federal, State or local agency, or with any Federal or State Court (Y) If yes, check all that apply (N)___
___ Federal Agency (List agency's name)
___ Federal Court (Please provide location)
___ State Court
___ State Agency (Specify Agency)
___ County Court (Specify Court and County)
___ Local Agency (Specify Agency)

11. If YES to question 10 above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature

Date

If you completed Questions 3 your signature and date is required:

Signature

Date