TITLE VI DISCRIMINATION COMPLAINT FORM

Name: _______________________________________

Address: ______________________________________

Telephone: ____________________________________

Basis of Complaint (e.g., race, disability, sex): ______________________________________________

Date(s) of alleged discrimination: ________________________________________________________

Name and position (if known) of person(s) that discriminated against you:
_____________________________________________________________________________________
_____________________________________________________________________________________

Address: _____________________________________________________________________________

Please provide a detailed description of the circumstances of the incident(s) and how you were discriminated against. Please provide, if applicable, names and contact information of individuals who may have knowledge of the incident or are perceived as parties in the complained of incident. Include any additional information supporting your complaint (please use additional pages as necessary):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature ______________________________

Date _________________________________
The Title VI Complaint form may be submitted directly to the following agencies:

Iowa Department of Transportation
Office of Employee Services – Civil Rights
800 Lincoln Way
Ames, Iowa 50010
515-239-1422
515-817-6502 (fax)
dot.civilrights@dot.iowa.gov

Title VI Compliance Manager
Central Iowa Regional Transportation Planning Alliance
420 Watson Powell, Suite 200
Des Moines, IA 50309
(515)-334-0075