Form 107009 (04-01)



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 discrininatory act. Assistance is available upon request. Please contact Iowa DOT Office of Employee Services - Civil Rights at (515) 239-1422.

Complete this form and return to:

Iowa Department of Transportation
Office of Employee Services - Civil Rights
Civil Rights Coordinator
800 Lincoln Way
Ames, IA 50010

Complainant's Name:	
Address:	
State:	
Telephone (Home):	Telephone (Work):
Person(s) discriminated against (if other that	an complainant)
Name:	
Address:	
State:	
Telephone (Home):	Telephone (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 the alleged discrimination:
Have you filed this complaint with any other Federal, State, or local agency? If so, whom?
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 as responsible.
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 you think is relevant to your complaint.
Signature Date