

**IOWA CITY TRANSIT/MPOJC
TITLE VI COMPLAINT FORM**

This form may be used to file a complaint with the City of Iowa City based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint. Complaints must be submitted within 180 calendar days.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Individual(s) discriminated against, if different than above (use additional pages if needed).

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Please explain your relationship with the individual(s) indicated above:

Name of agency and department or program that discriminated:

Agency or department name:

Name of Individual (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination:

Date Discrimination began _____

Last or most recent date _____

