



## 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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](mailto: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