



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
Civil Rights Bureau
800 Lincoln Way
Ames, Iowa 50010
515-239-1304
Civil.Rights@iowadot.us

Title VI Compliance Manager
Central Iowa Regional Transportation Planning Alliance
939 Office Park Road, Suite 306
West Des Moines, IA 50265
(515)-304-3524