

Area 15 Regional Planning Commission Title VI Complaint Form

The Area 15 Regional Planning Commission is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (641) 684-6551. The completed form must be returned to the Area 15 Regional Planning Commission, Title VI Coordinator, P.O. Box 1110, Ottumwa, IA 52501.

Name: _____

Phone: _____

Street Address: _____

City, State, Zip Code: _____

Person discriminated against (if someone other than the complainant)

Name: _____

Phone: _____

Street Address: _____

City, State, Zip Code: _____

Which of the Following best describes the reason for the alleged discrimination? (Circle all that apply)

Race

Color

National Origin

Limited English Proficiency

Other: _____

Date of Incident: _____

Time of Incident: _____

Have you filed a complaint with any other federal, state or local agency? (Circle one)

Yes

No

If so, list the agency or agencies and contact info:

Agency: _____ Contact Name: _____

Address: _____ Phone Number: _____

Agency: _____ Contact Name: _____

Address: _____ Phone Number: _____

I affirm that I have read the above charge and it is true to my best knowledge.

Complainant's Signature

Date

Printed or typed name of the Complainant

For Area 15 RPC use

Date Received: _____

Received by: _____