

**Title VI Complaint Form**

**North Iowa Area Council of Governments (NIACOG)**

NIACOG is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, age, religion, disability, color, sexual orientation, gender identity, marital status, familial status, national origin/English proficiency or creed 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) 423-0491. The completed form must be returned to North Iowa Area Council of Governments, Title VI Coordinator, 525 6<sup>th</sup> Street S.W., Mason City, Iowa 50401. Faxed, e-mailed or electronically transmitted forms are not accepted. Hand delivery is needed to insure the complaint is filed within the statutory deadline.

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

Address: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Which of the following best describes the reason for the alleged discrimination?

(Circle All That Apply)

- |          |                                     |            |                 |
|----------|-------------------------------------|------------|-----------------|
| Age      | Sexual orientation                  | Race       | Gender identity |
| Religion | Marital status                      | Disability | Familial status |
| Color    | National Origin/English proficiency | Sex        | Creed           |

Please describe the alleged discriminatory incident Provide the names and title of all NIACOG employees involved, if available. Explain what happened and whom you believe was responsible:

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No if yes, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

Print or Type Name of Complainant : \_\_\_\_\_

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**NIACOG USE**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_