

Title VI Complaint Form

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (home) _____ (cell) _____

Person discriminated against (if other than you): _____

Address of person discriminated against (if other than you):

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

Race Color National Origin

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Describe the alleged discriminatory action: (add extra sheets if necessary) _____

Please list any and all witnesses' names and phone numbers:

What steps have you taken to address the conflict or problem?

What type of corrective action took place?

What remedy are you seeking?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator:

Complainant Signature

Print your name

Date

Mail Completed Form: City of West Bend
Attn: City Administrator
1115 S. Main St
West Bend, WI 53095