CITY OF ELDRIDGETITLE VI COMPLAINT FORM

This form may be used to file a complaint with the City of Eldridge based on a violation of Title VI of the Civil Rights Act of 1964. You are not required to use this form. A letter providing the same information may be submitted to file your complaint.

Name:		Date:			
Street Address:	dress: Mailing Address:				
City:	State:				
Telephone:	(home)	(work)		(cell)	
Individual(s) allegedly d pages if needed):	iscriminated against if	different than abov	e (use additi	ional	
Name:		Date:			
Street Address:		Mailing Address:			
City:	State	9:	_ Zip:		
Telephone:	(home)	(work)		(cell)	
Please explain your relat	tionship to the individu	al(s) indicated abov	/e:		
Name of agency and de	partment that allegedly	y discriminated:			
Agency/Department Nar	me:				
Name of Individual (if kr	nown):				
Street Address:		Mailing Address:			
City:	State	e:	_ Zip:		
Date(s) of alleged discri	mination:				
Date discrimination bega	an: L	Last or most recent date:			

ALLEGED DISCRIMINATION:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department named on the previous page, please indicate below the basis on which you believe these discriminatory actions were taken.

☐ Race/Color	_ □ Religion	🗆 National Origin
□ Age		🗆 Disability
witness(es) and others inv	volved in the alleged di	ned. Provide the name(s) of scrimination. Attach additional n material pertaining to your case:
_		
Signature:		Date:

Note: The City of Eldridge prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the City. Please inform the City Administrator/Title VI Coordinator for the City of Eldridge if you feel you were intimidated or experienced perceived retaliation in relation to filing this complaint.