

**CITY OF ELDRIDGE
TITLE 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: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Individual(s) allegedly discriminated against if different than above (use additional pages if needed):

Name: _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Please explain your relationship to the individual(s) indicated above: _____

Name of agency and department that allegedly discriminated:

Agency/Department Name: _____

Name of Individual (if known): _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination:

Date discrimination began: _____ Last or most recent date: _____

