

CLAY COUNTY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with Clay County 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: _____

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 _____
- Gender _____
- Disability _____

Explain:

Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. Attach additional sheets if necessary and provide a copy of written material pertaining to your case:

Signature: _____ Date: _____

Note: Clay County 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 County. Please inform the Clay County Attorney/Title VI Coordinator if you feel you were intimidated or experienced perceived retaliation in relation to filing this complaint.