

# CITY OF MERCER, NORTH DAKOTA

## ***TITLE VI COMPLAINT FORM***

### **PART I – COMPLAINANT INFORMATION** (Print all items legibly.)

Name		Telephone
Street Address/P.O. Box		Email Address
City	State	Zip Code

### **PART II – CAUSE OF DISCRIMINATION BASED ON** [Check all appropriate box(es).]

- Race     Color     Sex     Age     National Origin
- Disability     Retaliation     Other

### **PART III – THE PARTICULARS ARE:**

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Include names, dates, places, and incidents involved in the complaint. Also, attach any written material pertaining to your case. If additional space is needed, attach extra sheets.


### **PART IV – REMEDY SOUGHT** (State the specific remedy sought to resolve the issue.)


### **PART V – VERIFICATION**

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# INSTRUCTIONS

## GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, and income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all program, services, or activities administered by City of Mercer. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the City of Mercer Title VI Complaint Procedure.
4. Legible copies of all pertinent documentation should be attached to this form.
5. All inquiries should be directed to the City of Mercer, [Name], [Title], Mercer, ND, 701-447-XXXX.

## PART I

Complete all information in this section.

## PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories. In the case of sexual or other harassment, also check the appropriate box indicating the basis for the harassment (race, sex, age, etc.)

## PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

## PART IV

State the minimum remedy acceptable for resolution of this complaint.

## PART V

Sign and date this section to verify the information contained in Parts I through IV.

## Complaints filed with U.S. Department of Transportation

Discrimination complaints based on race, color, sex, age, national origin, disability/handicap, and income status may be filed with the Secretary, U.S. Department of Transportation, Room 4132, 400 Seventh Street, Southwest, Washington, D.C. 20590. The complaint **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.