



## Fleet and Transit Division

### Municipal Transit Administration Title VI Complaint Form

#### Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format  
Requirements?

Large Print

TDD

Audio Tape

Other

#### Section II:

Are you filing this complaint on your own behalf?

Yes\*

No

\*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person  
for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the  
aggrieved party if you are filing on behalf of a third party.

Yes

No

#### Section III:

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

  

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You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

**Signature**

Date

Please submit this form in person at the address below, or mail this form to:

City of Clinton, Municipal Transit Administration  
Title VI Coordinator  
1320 South Second Street  
Clinton, Iowa 52732