FTA Title VI Program – Complaint Form

Planning Agency:

Upper Explorerland Regional Planning Commission

RPA1

325 Washington Street, Decorah, Iowa

134 West Greene Street, Postville, Iowa

Title VI Complaint Form
Upper Explorerland Regional Planning Commission – RPA 1

RPA 1 is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Executive Director at Upper Explorerland Regional Planning Commission by calling (563) 382-6171 or (563) 864-7551. The completed form must be returned to Title VI Coordinator, Upper Explorerland Regional Planning Commission, RPA 1, 325 Washington Street, Decorah, IA 52101.

NAME: _____

DAYTIME PHONE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAT COMPLAINANT):

NAME: _____

DAYTIME PHONE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION? (CHECK ALL THAT APPLY)

- ☐ Race
- ☐ Limited English Proficiency
- ☐ Color
- ☐ National Origin
- ☐ Gender
- ☐ Other: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

Describe the alleged discrimination incident. Provide the names and titles of all individuals responsible. Explain what happened, whom you believe was responsible and other specific relevant information. Please use an additional sheet of paper if more space is required.

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)

- ☐ Yes
- ☐ No

IF YES, LIST AGENCY/AGENCIES AND CONTACT INFO:
AGENCY:
CONTACT NAME:
ADDRESS:
PHONE NUMBER:

AGENCY:
CONTACT NAME:
ADDRESS:
PHONE NUMBER:

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

COMPLAINTANT'S SIGNATURE DATE

PRINT OR TYPED NAME OF COMPLAINTANT

DATE RECEIVED: RECEIVED BY: