



## CITY OF MASON CITY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the City of Mason City based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Individual(s) discriminated against, if different than above (use additional pages if needed).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

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Name of agency and department or program that discriminated:

Agency or department name:

Name of Individual (if known): \_\_\_\_\_

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 indicated above, please indicate below the basin on which you believe these discriminatory actions were taken.

_____ Race/Color	_____	_____ Religion	_____
_____ National Origin	_____	_____ Age	_____
_____ Sex	_____	_____ 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 materials pertaining to your case).

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: The City of Mason City 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 City. Please inform the City Administrator if you feel you were intimidated or experienced perceived retaliation in relation to filing this complaint.*

## **FILING A COMPLAINT**

### Applicability

The complaint procedures apply to the beneficiaries of the City of Mason City's programs, activities, including but not limited to: the public, contractors, sub-contractors, consultants, employees, and other sub-recipients of federal and state funds.

### Eligibility

If any individual, group of individuals, or entity believes that they or any other program beneficiaries have been subjected to discrimination prohibited by Title VI nondiscrimination provision as a recipient of benefits and/or services, or on the grounds of race, color, national origin, or sex, they may exercise the right to file a complaint with the City of Mason City. Every effort will be made to resolve complaints informally at the agency, recipient, and/or contactor level.

### Time Limitation on Filing Complaints

Title VI complaints may be filed with:

- City of Mason City
- Iowa Department of Transportation
- Federal Highway Administration
- U.S. Department of Transportation

In all situations, City of Mason City employees must contact the City Administrator immediately upon receipt of Title VI or related statutes complaints.

Complaints must be filed not later than 180 days after:

- The date of the alleged act of discrimination; or
- The date the person became aware of the alleged discrimination; or
- Where there has been a continuing course of discriminatory conduct, the date on which the conduct was discontinued.

Complaints must be in writing, and must be signed by the complainant and/or the complainant's representative. The company must set forth as fully as possible the facts and circumstances surrounding the claimed discrimination.

A Title VI complaint form is available at the Mason City City Administrator's office and the Mason City City Clerk's office during normal business hours.