Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Iowa DOT Civil Rights Bureau (CRB) at (515) 239-1304 or civil.rights@iowadot.us

Complete this form and return to:

Iowa Department of Transportation Civil Rights Bureau (CRB) 800 Lincoln Way Ames, IA 50010

Complainant's Na	me:		
Address:		City:	
State:	ZIP:	Telephone:	
Person(s) discrimi	nated against (if other	than complainant)	
Name:			
Address:		City:	
State:	7ID·	Telenhone	



MONONA COUNTY

TITLE VI NON-DISCRIMINATION COMPLAINT FORM

What is the discrimination based on? ☐ Race/Color	☐ Income Status
☐ National Origin	☐ Limited English Proficiency
□ Sex	□ Age
☐ Disability	
Date of the alleged discrimination:	
Location of alleged discrimination:	
Agency of person that was responsible for the	alleged discrimination:
Have you filed this complaint with any other Fe	
What remedy are you seeking?	
List names and contact information of persons	who may have knowledge of the alleged discrimination.



MONONA COUNTY

TITLE VI NON-DISCRIMINATION COMPLAINT FORM

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.		
		
	be accepted if it has not been signed. You may attach any nation you think is relevant to your complaint.	
Signature	 Date	