



**INRCOG**  
Iowa Northland Regional  
Council of Governments

Iowa Northland Regional Council of Governments  
Iowa Northland Regional Transit Commission  
229 E. Park Ave.  
Waterloo, IA 50703

## TITLE VI Complaint Form

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. §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 with completing this form is available by contacting INRCOG's Director of Administrative Services at (319) 235-0311.

Complainant's  
Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone (Home/Cell): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Person(s) discriminated against (if other than complainant):

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

What is the discrimination based on (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Race/Color      | <input type="checkbox"/> Income Status               |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Age                         |
| <input type="checkbox"/> Disability      |  |

Continue to Next Page

Date of the alleged discrimination (month, day, year): \_\_\_\_\_

Location of the alleged discrimination: \_\_\_\_\_

Agency or person that was responsible for the alleged discrimination: \_\_\_\_\_

Have you filed this complaint with any other Federal, State, or local agency? Yes No

If yes, whom?

---

---

---

What remedy are you seeking?

---

---

---

List names and contact information of persons who may have knowledge of the alleged discrimination.

---

---

---

Describe the alleged discrimination. Explain what happened and whom you believe as responsible. (If more space is needed, use the back of this form.)

---

---

---

---

---

Continue to Next Page

**Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.**

\_\_\_\_\_  
Signature of Complainant (or his/her authorized representative)

\_\_\_\_\_  
Date

RTC does not discriminate against any person on the grounds of race, color, national origin, sex, age or disability. If you need assistance completing this form, contact INRCOG at: (319) 235-0311.

Over the phone interpretation is available for those who have limited English proficiency.  
Captioned telephone users may contact us by calling Relay Iowa at 7-1-1

**Submit this form and return to:  
INRCOG  
229 E. Park Ave.  
Waterloo, IA 50703**