
Title VI Complaint Form City of Nevada

The City of Nevada 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 Title VI Coordinator by calling (515) 382-5466. The completed form must be returned to the City of Nevada, Title VI Coordinator, 1209 6th Street, PO Box 530, Nevada, IA 50201.

Your Name: _____ Phone: _____

Street Address: _____ Alt. Phone: _____

City, State & Zip Code: _____

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

Name: _____

Street Address, City, State & Zip Code:

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all City of Nevada employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

