

City Hall | 1209 6th Street, PO Box 530 Nevada, IA 50201-0530 p. (515) 382-5466 | f. (515) 382-4502) www.cityofnevadaiowa.org

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 so	omeone other than complainant):
Name:	
Street Address, City, State & Zip Coo	de:
Which of the following best describes	s the reason for the alleged discrimination took place? (Circle one)
• Race	Date of Incident:
ColorNational Origin (Limited English	inglish Proficiency)
	nination incident. Provide the names and title of all City of Nevada plain what happened and whom you believe was responsible. Please I space is required.



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Please describe the alleged discrimination incident (continued)		
Have you filed a complaint with any other federa	al, state, or local agencies? (Circle one) Yes / No	
Agency:	Contact Name:	
Street Address, City, State & Zip Code:		
Agency:		
Street Address, City, State & Zip Code:		
	is true to the best of my knowledge, information and belief.	
Complainant's Signature:	Phone:	
Printed/Typed Name of Complainant:		
OFFICE USE: Date Received: Rece	ived by:	