KOSSUTH COUNTY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with Kossuth County based on a violation of Title VI of the Civil Rights Act of 1964. You are not required to use this form. A letter providing the same information may be submitted to file your complaint.

Name:					
Street Address:	Mai				
City:	State:		Zip:		
Telephone:	(home)	(work) _		(cell)	
Individual(s) allegedly discrimi pages if needed):	nated against if diff	erent than above	e (use additiona	I	
Name:	Date:				
Street Address:	Mailing Address:				
City:	State: _		Zip:		
Telephone:	(home)	(work) _		(cell)	
Please explain your relationshi	p to the individual(s	i) indicated abov	e:		
Name of agency and department	ent that allegedly di	scriminated:			
Agency/Department Name: _					
Name of Individual (if known)	:				
Street Address:	Mailing Address:				
City:	State: _		Zip:		
Date(s) of alleged discrimination	on:				
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 named on the previous page, please indicate below the basis on which you believe these discriminatory actions were taken.

☐ Race/Color	☐ Religion	🗆 National Origin
□ Age	_ □ Gender	🗆 Disability
witness(es) and others invo	olved in the alleged d	ned. Provide the name(s) of iscrimination. Attach additional material pertaining to your case:
Signature:		Date:

Note: Kossuth County 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 County. Please inform the Kossuth County Engineer/Title VI Coordinator for County Secondary Roads if you feel you were intimidated or experienced perceived retaliation in relation to filing this complaint.