

**CITY OF LE MARS
TITLE VI COMPLAINT FORM**

This form may be used to file a complaint with the City of Le Mars based on any violation of Title VI of the Civil Rights Act of 1964. Once completed, return to City Hall, 40 Central Avenue SE, Le Mars, IA 51031.

Name: _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Individual(s) allegedly discriminated against if different than above:

Name: _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Please explain your relationship to the individual(s) indicated above:

Name of department that allegedly discriminated:

Department Name: _____

Name of individual (if known): _____

Date(s) of alleged discrimination:

Date discrimination began: _____ Last of most recent date: _____

