Title VI Complaint Form

Bettendorf Transit

Bettendorf Transit 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 (563) 344-4004. The completed form must be returned to the City of Bettendorf, Title VI Coordinator, 1609 State Street, Bettendorf, Iowa 52722.

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 Date of Incident: __________________________
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all Bettendorf 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.
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(Complete reverse side of form)
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Please describe the alleged discrimination incident (continued)

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Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No
Agency: ____________________________ Contact Name: __________________________
Street Address, City, State & Zip Code: Contact Name: __________________________

Agency: ____________________________ Contact Name: __________________________
Street Address, City, State & Zip Code: Contact Name: __________________________

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant’s Signature Phone

Print or Type Name of Complainant

Date Received: __________________________
Received By: __________________________