

TITLE VI – CIVIL RIGHTS ACT OF 1964
Town of Platteville – Complaint Form

Instructions: If you would like to submit a Title VI Complaint to the Town of Platteville, please fill out the form below within 180 calendar days of the alleged event and send to: Town of Platteville, Title VI Coordinator, 400 Grand Avenue, Platteville, CO 80651.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin Date of Alleged Discrimination (Month, Day, Year): _____				
Describe your allegation and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or on a separate attached sheet.				
Section IV				
Have you previously filed a Title VI complaint with the Town? Please circle one.			Yes	No

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or in any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check and state the date for all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____	
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Town of Platteville,
Title VI Coordinator
400 Grand Avenue
Platteville, CO 80651

For language or other assistance in completing this form, please contact Christy Landry, Senior Center Coordinator, at 970-785-2245 or email at clandry@plattevillegov.org.