For instructions see page 2

TITLE VI, ADA and NON-DISCRIMINATION COMPLAINT FORM

City of Fargo, ND

PART I – COMPLAINANT INFORMATION (Print all items legibly)

Name:		Telephone:
Mailing Address:	Email Address:	
City:	State:	Zip Code:

PART II – CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

Coverage under Title VI

☐ Race ☐ Color ☐ National Origin ☐ Income Status

☐ Sex ☐ Age ☐ Disability

Coverage under other Federal, State, and Local Regulations

☐ Religion ☐ Ethnicity ☐ Familial Status ☐ Sexual Orientation

☐ Lawful Activity ☐ Public Assistance

☐ Other _____

PART III – THE PARTICULARS ARE (Include names, dates, places, and incidents involved in the complaint) (If additional space is needed, attach extra sheet(s))

PART IV – REMEDY SOUGHT (State the specific remedy sought to resolve the issue(s))

PART V – VERIFICATION

Complainant's Signature: _____ Date: _____

INSTRUCTIONS

General

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, national origin, sex, age, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the City of Fargo. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all time frames as defined in the City of Fargo Title VI Plan Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to the ADA Coordinator, Buildings & Grounds, City of Fargo, 200 North Third Street, Fargo, ND 58102.

Part I

Complete all information in this section.

Part II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

Part III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

Part IV

State the minimum remedy acceptable for resolution of this complaint.

Part V

Sign and date this section to verify the information contained in Parts I through IV.

Complaints Filed with U.S. Department of Transportation

Transportation related discrimination complaints based on race, color, national origin, sex, age, disability/handicap, or income status may also be filed with the U.S. Department of Transportation, Office of the Secretary, 1200 New Jersey Avenue, SE (S-33), Washington, D.C. 20590. The complaint **must** be filed, in writing, no later than 180 calendar days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary of the U.S. Department of Transportation.