CRETE

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Office of the City Clerk
City of Crete
243 East 13th Street
Crete NE 68333-0086

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home):_____(business): _____

5. Person discriminated against (if someone other than the complainant):

   Name: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

   a. Race/Color: ☐

   b. National Origin: ☐

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

_____

_____

_____

_____

_____

9. Have you filed this complaint with any other federal, state of local agency; or with any federal or state court? Yes: ☐ No: ☐

If yes, check each box that applies:

Federal agency	☐	State agency	☐	Local agency	☐
Federal court	☐	State court	☐		

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

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

_____ _____

Complainant's Signature Date