



# CitiBus Title VI Written Complaint/Incident Form

\* Denotes a required field

Complete this form and submit in one of the following ways:

- Mailing to: City of Davenport, Attn: City of Davenport Title VI Coordinator - Human Resources Manager, 226 W 4th St., Davenport, IA 52801.
- By hand delivery Monday through Friday, 8:00 am to 5:00 pm, at the front desk of Davenport City Hall, 226 W 4<sup>th</sup> St., Davenport, IA. The envelope and/or form are to be addressed to the Davenport Title VI Coordinator - Human Resources Manager.
- By picking up this form and completing in person at Davenport City Hall, 226 W 4th St., Davenport, IA. Check in at the front desk and a form will be provided to you for completion.

**Complainant Contact Information – A Phone, Email, or Mailing Address must be provided.**

Name (First and Last Name)\*

Address (Enter N/A if not applicable)\*

City (Enter N/A if not applicable)\*

State (Enter N/A if not applicable)\*

Zip Code (Enter N/A if not applicable)\*

Phone # (Enter 999-999-9999, if N/A)\*

 -  -  ext 

Email (N/A if no Email address)\*

Did someone complete or assist with completion of this form?\*

- Yes  No

If yes, provide name and address of individual completing the form for you. Enter N/A if none.\*

### Information about the incident/complaint.

Does your complaint involved alleged discrimination? (Race, Color, National Origin, Disability, Religion, Gender)?\*

Yes  No

If Yes, what is the alleged discrimination? If no, use N/A from below list.\*

N/A  Color  Disability  Gender  National Origin  Race  Religion

Other (not listed above) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and Time \_\_\_\_ : \_\_\_\_ of Incident\*

Location and Route #/Color at time of incident\*

Please describe the alleged incident/complaint. Explain what happened. Provide the names and title of all Davenport employees involved, if available. Provide the names of witnesses, if available. Describe the incident/complaint.\*

Have you filed a complaint with any other federal, state, or local agencies?\*

Yes  No

If yes, what are the agency(s) and contact information for agency representative(s). Enter N/A if none.\*

By signing and submitting this form, you agree that the information provided in this complaint is true to the best of your knowledge, information, and belief.

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_