



## Title VI Complaint Form

**Title VI of the Civil Right Act of 1964 states, “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.”**

Please provide the following information necessary in order to process you complaint. Assistance is available upon request. ADA complaints must be filed writing 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

City of La Junta, ADA, 601 Colorado Avenue, La Junta, CO 81050

Contact us Monday – Friday, 8 a.m. – 5 p.m. at 719-384-2578 or email [mscofield@ci.la-junta.co.us](mailto:mscofield@ci.la-junta.co.us)

1) Complainant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ Business: \_\_\_\_\_

2) Person who has discrimination complaint (if other than complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No. (Home/Cell) \_\_\_\_\_ Business: \_\_\_\_\_

3) Organization complaint is about:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_



- 4) Date of incident resulting in complaint: \_\_\_\_\_
- 5) Describe the complaint: What happened and who was responsible? (provide name when possible of all individuals involved). For additional space, attach additional sheets of paper as necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 6) Where did the incident take place? \_\_\_\_\_
- 7) Witnesses? Please provide their contact information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

- 8) Have efforts been made to resolve this complaint through the internal grievance procedure of the organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is the status of the grievance? \_\_\_\_\_
- 9) Did you file this complaint with another federal, state or local agency or with a federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, check each agency the complaint was filed with:

\_\_\_ Federal Agency \_\_\_ Federal Court \_\_\_ State Agency \_\_\_ State Court \_\_\_ Local Agency



Please provide contact information for the agency/court:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Date filed: \_\_\_\_\_

**Sign the complaint in the space below. Attach any documents you believe support your complaint.**

\_\_\_\_\_

Complainant's Signature

Signature Date