



Waukee
THE KEY TO GOOD LIVING

This form may be used to file a complaint with the City of Waukee based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____

Individual(s) discriminated against, if different than above (use additional pages if needed).

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work) _____

Please explain your relationship with the individual(s) indicated above: _____

Name of agency and department or program that discriminated: _____

Agency or department name: _____

Name of Individual (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination: _____

Date Discrimination began _____

Last or most recent date _____

Description of discrimination that occurred: