

**Title VI Complaint Form**

The purpose of this form is to assist you in filing a complaint with the City of Russell. You are not required to use this form; a letter containing the same information will be sufficient.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):				Telephone (Work):
Electronic Mail Address:				
Accessible Format Requirements?			Large Print	Audio Tape
			TDD	Other
<b>Section II</b>				
:				
Are you filing this complaint on your own behalf?			YES	NO
*If you answered "yes" to this question: go to Section III:				
If not, please supply the name and relationship of the person for whom you are complaining.				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin		
<b>Date of Alleged Discrimination (Month, Day, Year):</b>				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of any witnesses. If more space is needed, please attach additional pages:				



Telephone number:

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

Signature and date required:

Signature: \_\_\_\_\_

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

Please submit this form in person at the address below, or mail this form to:

City of Russell  
133 W. 8<sup>th</sup> Street  
P.O. Box 112  
Russell, KS 67665  
Attn: Program Director