

# CITY OF WEST FARGO TITLE VI COMPLAINT FORM

For instructions see next page

## PART I – COMPLAINANT INFORMATION (Print all items legibly)

Name:	Telephone:	
Mailing Address:	Email Address:	
City:	State:	Zip Code:

## PART II – CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

Race     Color     National Origin

Sex     Age     Disability     Income Status

PART III – THE PARTICULARS ARE (Include names, dates, places, and incidents involve in the complaint. If additional space is needed, attach extra sheets)

PART IV – REMEDY SOUGHT (State the specific remedy sought to resolve the issues)

PART V – Verification

**X**

\_\_\_\_\_  
Complainant's Signature

## SUBRECIPIENT INSTRUCTIONS

Name of Subrecipient: City of West Fargo	Name of Subrecipient's Title VI Coordinator: Andrew Wruke		
Street, Address/P.O. Box: 800 Fourth Ave. E., Ste. 1	City: West Fargo	State: ND	Zip Code: 58078
Telephone Number: (701)515-5105			

### General

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group of persons shall, on the grounds of race, color, national origin, sex, age, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the City of West Fargo. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants must include all required information and must meet all timeframes as defined in the City of West Fargo Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries on how to complete this form should be directed to the listed contact above.

### Part I

Complete all information in this section

### Part II

Check all boxes that apply indicating the basis for the complaint. The discrimination must be based on at least one of the listed categories.

### Part III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

### Part IV

State the minimum remedy acceptable for resolution of this complaint.

### Part V

Sign and date this section to verify the information contained in Parts 1 through IV.