

# Audubon County

## TITLE VI Non-Discrimination Complaint Form

Title VI of the Civil Rights 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."

Title 42 U.S.C. Section 2000d

Audubon County is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color, or national origin. Any person who believes they have been discriminated against may file a complaint. Complaints must be filed within 180 calendar days of the alleged incident.

### Complete this form and return to:

Audubon County Title VI Coordinator  
2147 Highway 71  
Audubon, IA 50025  
OR: [lbills@auduboncountya.gov](mailto:lbills@auduboncountya.gov)

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### Section 1: Complainant's Information

Complainant's Name: \_\_\_\_\_

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

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

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

### Section 2: Filing for Another Person

Are you filing this complaint on your own behalf? \_\_\_\_ Yes \_\_\_\_ No

[If you answered "yes" to this question, go to Section 3]

If not, please supply the name of the person and relationship for whom you are filing the complaint:

\_\_\_\_\_

Please explain why you have filed for a third party.

\_\_\_\_\_

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Please confirm that you have obtained permission of the aggrieved party if you are filing on their behalf.

\_\_\_\_ Yes \_\_\_\_ No

### Section 3: Discrimination Complaint

Which best describes what the discrimination is based on?

Race/Color

National Origin

- Sex
- Disability
- Income Status
- Limited English Proficiency
- Age

Date of the alleged discrimination: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.

Location: \_\_\_\_\_

Agency or person that was responsible for the alleged discrimination:  
 \_\_\_\_\_

In your own words, please describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional sheets if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 4: Previous or Existing Complaints or Law Suits:**

Have you previously filed a Title VI complaint with Audubon County?  
 \_\_\_ Yes, for this incident \_\_\_ Yes, for a different incident \_\_\_ No

Have you filed this complaint with any other agencies or court?  
 \_\_\_ Federal Agency \_\_\_ Federal Court \_\_\_ State Agency \_\_\_ Local Agency  
 Other (please specify): \_\_\_\_\_

What remedy are you seeking? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List names and contact information of persons who may have knowledge of the alleged discrimination.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature \_\_\_\_\_

\_\_\_\_\_ Date