Title VI Complaint Form Regarding a City of Fort Collins Service, Program or Activity

Title VI of the Civil Rights Act of 1964 requires that “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.”

Note: the following information is necessary to assist the City in processing a Title VI complaint. If any person interested in filing complaint needs assistance, including interpretation or translation assistance, please contact the City’s Title VI Coordinator Monday – Friday, 8 a.m. – 5 p.m. via email at titlesix@fcgov.com or by calling (970)416-4254.

Complete this form and return it to:

Title VI Coordinator
City of Fort Collins
P.O. Box 580
Fort Collins, CO 80522

Or send the form by email to titlesix@fcgov.com.

1. Complainant’s name _______________________________________________
   Address: _________________________________________________________
   City: _______________________ State: __________ Zip code: _____________
   Telephone number (Home/cell): _________________ (Business): __________

2. Person discriminated against (if someone other than Complainant)
   Name: ___________________________________________________________
   Address: _________________________________________________________
   City: _______________________ State: __________ Zip code: ______________
   Telephone number (Home/cell): _________________ (Business): __________

3. Which of the following best describes the reason you believe the discrimination took place? (Check all that apply.)
   ___ Race     ___ Color     ___ National Origin     ___ Limited English proficiency

4. City of Fort Collins agency, department, or program complaint is about:
   Name: ___________________________________________________________
   Address: _________________________________________________________
   City: _______________________ State: _________________ Zip code: __________
   Telephone number: ________________________________________________
5. Date of incident resulting in complaint: ________________________________

6. In your own words, describe the circumstances leading to this complaint. What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

7. If you’ve not already provided this in response to number 6 above, where did the incident take place? Please provide as much information about the location as possible.
__________________________________________________________________

8. Were there any witnesses to the incident? If yes, please provide as much information as possible about any witness or witnesses.
Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: __________ Zip code: ______________
Telephone number (Home/cell): _______________ (Business): ____________

Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: __________ Zip code: ______________
Telephone number (Home/cell): _______________ (Business): ____________

9. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of any City of Fort Collins department?
__ Yes  ___ No
If yes, what is the status of the grievance? ________________________________________________________________

10. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply.
__ Federal agency: ________________________________________________
__ Federal court: ________________________________________________
__ State agency: ________________________________________________
__ State court: ________________________________________________
__ Local agency: ________________________________________________
__ Other: ______________________________________________________
Please provide the contact information of the person with the agency/court/other:
Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: __________ Zip code: ______________
Telephone number: _____________________________________
Date filed: ___________________________________
__________________________________________________________________

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

___________________________________
Complainant’s Signature

___________________________________
Signature Date