Title VI Complaint Form

Title VI of the Civil Right 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.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. ADA complaints must be filed writing 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

City of La Junta, ADA, 601 Colorado Avenue, La Junta, CO 81050

Contact us Monday – Friday, 8 a.m. – 5 p.m. at 719-384-2578 or email mscofield@ci.la-junta.co.us

1) Complainant’s Name: ____________________________________________________________
Address: _______________________________________________________________________
City: ___________________________ State: _________ ZIP Code: _______________________
Telephone No. (Home/Cell): __________________ Business: __________________

2) Person who has discrimination complaint (if other than complainant):
Name: ________________________________________________________
Address: _______________________________________________________________________
City: ___________________________ State: _________ ZIP Code: _______________________
Telephone No. (Home/Cell): __________________ Business: __________________

3) Organization complaint is about:
Name: _________________________________________________________________
Address: _______________________________________________________________________
City: ___________________________ State: __________ ZIP Code: ________________
Telephone No.: ____________________________

4) Date of incident resulting in complaint: _____________________________________________

5) Describe the complaint: What happened and who was responsible? (provide name when possible of all individuals involved). For additional space, attach additional sheets of paper as necessary.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6) Where did the incident take place? _____________________________________________

7) Witnesses? Please provide their contact information

   Name: _________________________________________________________________
   Address: ______________________________________________________________
   City: _________________________ State: __________ ZIP Code: ______________
   Telephone No.: _________________________________________________________

   Name: _________________________________________________________________
   Address: ______________________________________________________________
   City: _________________________ State: __________ ZIP Code: ______________
   Telephone No.: _________________________________________________________

8) Have efforts been made to resolve this complaint through the internal grievance procedure of the organization? ______ Yes ______ No
   If yes, what is the status of the grievance? _________________________________

9) Did you file this complaint with another federal, state or local agency or with a federal or state court? ______ Yes ______ No
   If the answer is yes, check each agency the complaint was filed with:

   ___ Federal Agency ___ Federal Court ___ State Agency ___ State Court ___ Local Agency
Please provide contact information for the agency/court:

Name: ________________________________________________________________

Address: ______________________________________________________________

City: ___________________ State: ____________ ZIP Code: _____________________

Telephone No.: _________________________________

Date filed: _________________________________

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

________________________________________    _____________________________
Complainant’s Signature                        Signature Date