



City Hall
2032 Hanley Road
Dardenne Prairie, MO 63368
Phone 636.561.1718
Fax 636.625.0077

Title VI Non-Discrimination Complaint Form

This form may be used to file a complaint with the City of Dardenne Prairie pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency and the Americans with Disabilities Act of 1990.

If you need assistance completing this form, please contact us by phone at 314-421-4220, 618 274-2750, or fax 314-231-6120 and ask for Royce Bauer, (Title VI Coordinator).

Feel free to add additional pages if necessary. You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint.

Complaints of discrimination must be filed within 180 days of the alleged discrimination.

This form MUST be completed by the complainant or the complainant's designated representative.

Complainant's Personal Information:

Name: _____ Address: _____
_____ City: _____
State: _____ Zip Code: _____ Phone: _____
_____(home/work)_____ (cell) _____ Name of person

completing this form, if different from above: Your relationship to the complainant indicated above:

Alleged Discrimination – Details of Complaint:

I. Identify the entity, department or program that discriminated:

City and/or department name: Name of any individual, if known: City: State: Zip: Phone: (Work) (Fax)

Date(s) of alleged act:

Date alleged discrimination began:

Last or most recent date of alleged discrimination:

II. What is the basis for this complaint?

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the City or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled "Race/Color" and write "African American" in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled "Gender" and write "female" in the space provided.

- | | |
|--|---|
| <input type="checkbox"/> Race/Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Gender _____ | <input type="checkbox"/> Disability _____ |

III. Explain what happened:

Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint.)

IV. How can this/these issue(s) be resolved to your satisfaction?

V. What is the most convenient time and place for use to contact you about this complaint

VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:

Name: _____

Telephone Number: (____) _____

VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:

Name of Attorney: _____

Address: _____

Telephone number: (____) _____

Signature

Date

Note: The laws enforced by this City prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Title VI Coordinator, City of Dardenne Prairie, 2032 Hanley Road, Dardenne Prairie, Missouri, 63368; 636-561-1718; Fax: 636-625-0077.