



TITLE VI COMPLAINT FORM

City of Winfield
PO Box 646-200 E. 9th Ave.
Winfield KS 67156
620-221-5525 phone 620-221-5590 fax

Section I:

Name: _____ Telephone: (Home) _____
Address: _____ Telephone: (Cell) _____
Telephone: (Work) _____

Email Address: _____

Accessible Format Requirements? Large Print _____ Audio Tape _____
TDD _____ Other _____

Section II:

Are you filing this complaint on your own behalf? *Yes _____ No _____
If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are complaining: Name: _____
Relationship: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____

Section III:

I believe the discrimination I experienced was based on (check all that apply):
_____ Race _____ Color _____ National Origin

Date of Alleged Discrimination: (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of any witnesses. If more space is needed, please attach additional pages.

Section IV:

Have you previously filed a Title VI complaint with this agency?	Yes _____ No _____
Section V:	
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?	
Yes _____ No _____	
If yes, check all that apply:	
_____ Federal Agency	_____ State Agency
_____ Federal Court	_____ Local Agency
_____ State Court	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI:	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone Number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____

Date: _____

Please submit this form in person at the address below or mail this form to:

Title VI Coordinator
City of Winfield
200 E 9th Ave
Winfield, KS 67156