



## TITLE VI 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*

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Tracey Deckard at the Des Moines Area Metropolitan Planning Organization at 515-335-0075 or [tdeckard@dmampo.org](mailto:tdeckard@dmampo.org).

**Complete this form and return to:**

Des Moines Area Metropolitan Planning Organization  
Tracey Deckard  
Title VI Coordinator  
420 Watson Powell, Jr. Parkway, Suite 200  
Des Moines, IA 50309

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Person(s) discriminated against (if other than complainant)

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Altoona • Ankeny • Bondurant • Carlisle • Clive • Dallas County • Des Moines • DART  
Grimes • Johnston • Mitchellville • Norwalk • Pleasant Hill • Polk City • Polk County  
Urbandale • Warren County • Waukee • West Des Moines • Windsor Heights

What is the discrimination based on?

- Race/Color
- National Origin
- Sex
- Disability
- Income Status
- Limited English Proficiency
- Age

Date of the alleged discrimination: \_\_\_\_\_ Location: \_\_\_\_\_

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

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (additional sheets of paper may be attached to this form).

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

What remedy are you seeking?

Have you filed this complaint with any other Federal, State or local agency? If so, whom.

**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 that you think is relevant to your complaint.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**The Title VI Complaint form may be submitted directly to the following agencies:**

Iowa Department of Transportation  
Office of Employee Services – Civil Rights  
800 Lincoln Way  
Ames, Iowa 50010  
515-239-1422  
515-817-6502 (fax)

Civil Rights and Small Federal Programs  
Iowa Division  
Federal Highway Administration  
105 6<sup>th</sup> Street  
Ames, IA 50010  
515-233-7300

Regional Civil Rights Officer  
U.S. Department of Transportation  
Federal Transit Administration  
901 Locust Street, Suite 404  
Kansas City, MO 64106

Title VI Coordinator  
Des Moines Area Metropolitan Planning Organization  
420 Watson Powell, Suite 200  
Des Moines, IA 50309  
515-334-0075