



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.

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

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): _____

What is the discrimination based on?

- Race/Color
- National Origin
- Sex
- Disability

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

- 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 6th 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
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