

Attachment A – Title VI Complaint Form

Title VI Non-Discrimination Complaint Form Bi-State Regional Commission

Bi-State Regional Commission is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (309) 793-6300. The completed form must be returned to the Bi-State Regional Commission, 1504 Third Avenue, P.O. Box 3368, Rock Island, Illinois 61204-3368.. Faxed, e-mailed, or electronically-transmitted forms are not accepted. Hand delivery is recommended to ensure that the complaint is filed within the statutory deadline.

Your Name: _____ Phone: _____

Street Address: _____ Alt. Phone: _____

City, State, & Zip Code: _____

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

Name: _____

Street Address, City, State, & Zip Code: _____

Which of the following best describes the reason for the alleged discrimination that took place?
(Circle one)

Date of Incident: _____

- | | |
|---|--|
| <ul style="list-style-type: none">• Race• Color• National Origin
(Limited English Proficiency)• Sexual Orientation• Age | <ul style="list-style-type: none">• Education• Disability<ul style="list-style-type: none">○ Mental○ Physical• Other: _____ (specify) |
|---|--|

Please describe the alleged discrimination incident. Provide the names and title of all Bi-State employees involved if available. Explain what happened and who you believe to be responsible.

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No

Agency: _____ Contact Name: _____

Street Address, City, State, & Zip Code: _____

Agency: _____ Contact Name: _____

Street Address, City, State, & Zip Code: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

X _____

Complainant's Signature

Phone _____

Print or Type Name of Complainant

Date Received: _____

Received By: _____