



City of Davenport
 Title VI of the Civil Rights Act of 1964, *as amended*, or
 Title II or Title III of the American's with Disabilities Amendment Act
(to be used for Davenport CitiBus)



Davenport CitiBus 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 or Title II or Title III of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973. 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 (563) 326-7888. The completed form must be returned to the City of Davenport, Civil Rights Commission, 226 West 4th Street, Davenport, Iowa 52801. Emailed, 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 took place? (Circle one)

- Race
- Color
- National Origin
 - Limited English Proficiency

Date of Incident: _____

- Disability
 - Physical
 - Mental

Please describe the alleged discriminatory incident. Provide the names and title of all Davenport employees involved if available. Explain what happened and who you believe to be responsible. Please use the back of this form if additional space is required.

(Complete reverse side of form)

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Please describe the alleged discriminatory 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: _____ Contact Name: _____

Agency: _____ Contact Name: _____

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

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

X _____
Print or Type Name of Complainant

Date Received: _____

Received By: _____