



COMMUNITY SOLUTIONS **START HERE**



ADA TITLE II & TITLE VI Complaint Form

The Americans with Disabilities Act (ADA, 1990, Public Law 101-336) is a broad civil rights statute that prohibits discrimination against individuals with disabilities in all areas of public life. Title II of the ADA prohibits disability discrimination by State and local government entities. Section 504 of the 1973 Rehabilitation Act (42 USC 126) prohibits discrimination on the basis of disability of Federally assisted programs.

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."

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 30 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Marty Wymore at Region 6 Resource Partners at 641-752-0717 ext. 107.

Complete this form and return to:

Region 6 Resource Partners
Attn: Marty Wymore
903 East Main Street
Marshalltown, IA 50158

Complainant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone: _____ (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
- ☐ 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)