



TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964, and other related laws and regulations, provide that no person shall, on the grounds of race, color, national origin, sex, age, disability, and income be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal funds.

The purpose of this form is to assist you in filing a complaint with the County's Title VI Coordinator. You are not required to use this form. A letter containing the same information is sufficient. However, the information requested must be provided, whether or not this form is used. ADA and language assistance is available upon request.

You may file a complaint against the Public Works Department of Archuleta County, a Public Works County contractor, or a Public Works County recipient of federal funds. All complaints must be filed within 180 days of the occurrence of the alleged act or a waiver requested, as indicated below.

Send all complaints to:

County of Archuleta, Public Works Division
Attn: Title VI Coordinator
777 CR 600
Pagosa Springs, CO 81147
transportation@archuletacounty.org

Person Filing Complaint

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone number _____ Alternate Phone Number _____

Person Discriminated Against, if different from above:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone number _____ Alternate Phone Number _____

Person who allegedly Discriminated

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone number _____ Alternate Phone Number _____

Race/Ethnicity: _____ Sex: _____ Age: _____

National Origin: _____ Religion: _____ Disability: _____

1. To your best recollection, list the date the discrimination took place

Earliest date: _____

Most recent date: _____

2. Please explain, as clearly as possible, what occurred, who was involved, why you believe it occurred, and how you (or another) were discriminated against. Be sure to include how other persons were treated differently than you. (Please use as many additional papers, if necessary, and attach a copy of any written materials pertinent to your claim). _____

3. Complaints of discrimination must generally be filed within 180 days of the occurrence. If the most recent date of discrimination listed above is more than 180 days, you may request a waiver of the filing requirements. If you wish to request a waiver, please explain the reason you waited to file. _____

Sign and date the complaint. (MUST BE SIGNED AND DATED)

Print Name: _____

Signature: _____ Date: _____