



## Title VI and Other Discrimination Complaint Form

Complete this form if you feel that you have experienced discrimination by Crow Wing County and its sub-recipients, consultants, or contractors on the basis of race, color, national origin, sex, age, disability or income status in violation of the Title VI of the Civil Rights Act of 1964 and related statutes. The complaint must be filed no later than 180 calendar days of the alleged discriminatory incident.

Requests for additional languages should be directed to the Title VI Coordinator, whose contact information is listed 218-824-1067 or TTY800-627-3529.

### Personal Information

Today's Date:

LastName:

First Name:

M:

E-mail:

PhoneNumber:

Address:

City:

State:

Zip:

Preferred method of contact:

Best time to contact you:

### Basis of the Discrimination

I believe I was discriminated against based on my (check all that apply):

Race

Color

National Origin

Age

Disability

Sex

Income Status

Other:

Have you filed this complaint with any other governmental agency?

If yes, which agency?

What is the status of the complaint?

### Information of Agency or Business that Allegedly Discriminated

Date discrimination occurred:

Most recent date of discrimination (if different from above):

Agency/BusinessName:

Phone Number:

Address:

City:

State:

Zip:

Name(s) and job title(s) of individual(s) who allegedly discriminated:

**Tell Us What Happened**

*Please explain in detail what happened, who was involved, and how you or other persons were discriminated against. Attach additional sheets if necessary and provide a copy of written materials pertaining to your complaint.*

**What is your Desired Outcome?**

*Briefly explain how you would like this matter to be resolved.*

**Verification**

*In signing this complaint, I verify that, to the best of m knowledge, everything I have stated in this form is accurate and true*

Complainant's Signature: \_\_\_\_\_

Date:

Return the completed formto: Title VI Coordinator: **Timothy Bray**  
Email: **tim.bray@crowwing.us**  
Phone: **218-824-1110**

Mail: **Crow Wing County Highway**  
**165 Co Rd 142**  
**Brainerd, MN 56401**