Title VI Complaint Form

The City of Kenosha assures that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin may file a complaint with the City of Kenosha's Human Resources Department of Civil Rights.

Complaints can be filed by calling the City of Kenosha's Human Resources Department at (262) 653-4130 or email the City of Kenosha at humanresources@kenosha.org. You can also complete the complaint form below. Mail or drop off completed forms to:

City of Kenosha, Attn: Title VI Complaints Department, 625 52nd Street, Room 205, 53140

| Address: | | | | | |
|---|--------------------------------------|----------------|-------------------|--------------------------------|--|
| Telephone (Home): | | Telepho | Telephone (Work): | | |
| Email Address: | | <u> </u> | | | |
| Accessible Format Requirements? | Large Print | Large Print | | Audio Tape | |
| | TDD | TDD | | Other | |
| Are you filing this complaint on your own behalf? | | f? | Yes* | No | |
| If not, please supply th | e name and relationship plaining: | of the person | | l | |
| Please explain why yo | u have filed for a third pa | arty: | | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | Yes | No | |
| I believe the discrimina | ation I experienced was | based on (chec | ck all that app | ly): | |
| | Color | | | National Origin (Limited | |
| ace | | | | (Limited English | |

Form

| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact informatio the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| You may attach any written materials or other information that you think is relevant to your complaint. | |
| Signature and date required below | |
| Signature | |