

**CITY OF ST. CHARLES, MISSOURI**

**Title VI. Non-Discrimination Complaint Form**

This form may be used to file a complaint with the City of St. Charles, Missouri pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" and the Americans with Disabilities Act of 1990.

If you need assistance completing this form, please contact us by telephone at 636-949-3282.

You are welcome to add additional pages if necessary. You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint.

Complaints of discrimination must be filed within 180 days of the alleged discrimination.

This form **MUST** be completed by the complainant or the complainant's designated representative.

**Complainant's Personal Information:**

Complainant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home/work) \_\_\_\_\_ (cell)

Name of person completing this form, if different from above: \_\_\_\_\_

Your relationship to the complainant indicated above: \_\_\_\_\_

**Alleged Discrimination – Details of Complaint:**

**I. Identify the entity, department or program that discriminated:**

City and/or Department name: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Individual Names (if known): \_\_\_\_\_

Date alleged discrimination began:

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Last or most recent date of alleged discrimination:

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**II. What is the basis for this complaint?**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the City or Department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled "Race/Color" and write "African American" in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled "Gender" and write "female" in the space provided.

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|--|---|
| <input type="checkbox"/> Race/Color _____      | <input type="checkbox"/> Religion _____   |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Age _____        |
| <input type="checkbox"/> Gender _____          | <input type="checkbox"/> Disability _____ |

**III. Explain what happened:**

Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint.)

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**IV. How can this/these issue(s) be resolved to your satisfaction?**

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**V. What is the most convenient time and place for use to contact you about this complaint**

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**VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:**

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: The laws enforced by this City prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Title VI Coordinator, City of St. Charles, Missouri, 200 North Second Street, St. Charles, Missouri,  
63301 Telephone 636-949-3262 Fax: 636-949-3267