



## City of McPherson Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of McPherson. You are not required to use this form; a letter containing the same information will be sufficient.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III: Description of your complaint</b>				
Identify the basis on which you believe the discrimination, intimidation, or retaliation occurred. Check all that apply.				
<input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Sex <input type="checkbox"/> Age				
When and where did the alleged discrimination, intimidation or retaliation take place? Provide date(s), time(s), witness(es), and location(s).				
<b>Section IV:</b>				
Have you previously filed a Title VI complaint with the City of McPherson?			Yes	No

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court for this issue?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: \_\_\_\_\_

☐ Federal Court \_\_\_\_\_ ☐ State Agency \_\_\_\_\_

☐ State Court \_\_\_\_\_ ☐ Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form in person at the address below, or mail this form to:

City of McPherson  
ATTN: City Administrator  
400 E. Kansas Ave.  
McPherson, KS 67460