

# Southwest Iowa Planning Agency (SWIPCO) – Title VI Discrimination Complaint Form

SWIPCO is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin. Any person who believes they have been discriminated against based on one of these categories may file a complaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, SWIPCO will contact you to confirm receipt of your complaint form and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation may include discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of receipt of a complete complaint form. Based upon all information received, an investigation report will be submitted to the SWIPCO Executive Director. The complainant will receive a letter stating SWIPCO's final decision by the end of the 60-day time limit.

Please complete the information below and send to:  
SWIPCO, Title VI Coordinator  
1501 SW 7<sup>th</sup> St, Atlantic, IA 50022  
or: [John.McCurdy@SWIPCO.org](mailto:John.McCurdy@SWIPCO.org)

## **SECTION 1 - CONTACT INFORMATION**

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

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

City: \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell)

[Please note if any of the phone numbers are for a TDD or TTY.] \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

## **SECTION 2 – FILING FOR ANOTHER PERSON**

Are you filing this complaint on your own behalf? \_\_\_ Yes \_\_\_ No

[If you answered "yes" to this question, go to Section 3.]

If not, please supply the name and relationship of the person for whom you are filing the complaint:

\_\_\_\_\_

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

## **SECTION 3 – DISCRIMINATION COMPLAINT**

Which of the following describes the reason you believe the discrimination took place? Was it because of your:

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_ Other \_\_\_\_\_

Please describe the Race, Color or National Origin of the aggrieved party \_\_\_\_\_

Date/Time the alleged discrimination took place: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

Where did the alleged discrimination take place? Specific vehicle information is helpful (e.g. vehicle number).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a person you can identify who discriminated against the aggrieved party?

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

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 – PREVIOUS OR EXISTING COMPLAINTS AND LAWSUITS**

Have you previously filed a Title VI discrimination complaint with SWIPCO?

\_\_\_\_\_ Yes, for this incident    \_\_\_\_\_ Yes, for a different incident    \_\_\_\_\_ No

Have you filed this complaint with any other agencies or a court?

\_\_\_ Federal Agency    \_\_\_ Federal court    \_\_\_ State Agency    \_\_\_ State court    \_\_\_ Local Agency  
\_\_\_ Other (please specify): \_\_\_\_\_

Have you filed a claim or lawsuit regarding this complaint? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please provide a copy of the complaint form and note court where filed:

\_\_\_ Federal Court    \_\_\_ State Court

Please provide contact person information for the agency/court where the complaint was filed.

Name / Office: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION 5 – SIGNATURE**

Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information you think is relevant to your complaint.

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

\_\_\_\_\_  
Date

**Note:** A complaint also may be filed with: Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.