Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance".

Please provide the following information necessary in order to process your complaint. Assistance is available upon request.

Complete this form and mail or deliver to: City of Boise, Title VI Coordinator
625 W. Idaho Street, PO Box 500
Boise, ID, 83701-0500

1. Complainants Name (Please print): ________________________________

2. Address: ________________________________

3. City: ___________________ State: __________ Zip: __________

4. Telephone No: (Home) ____________________ (Business): ________________

5. Person discriminated against (if other than Complainant)
   Name: ________________________________
   Address: ________________________________
   City: ___________________ State: __________ Zip Code: __________

6. What was the discrimination based on: (Check all that apply)
   __ Race/ Color  __ Low Income  __ Disability
   __ National Origin  __ Sex  __ Limited English Proficiency

7. Date of incident resulting in discrimination: ________________________________

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of this form.

9. What City of Boise representatives is the complainant alleging were involved?

10. Where did the incident take place?
11. Witnesses? Please provide their contact information.

Name: ___________________________________________ _________________________________________
Address: __________________________________________ _________________________________________
City: ___________________________________ State: __ ________________ Zip Code: __________
Telephone Numbers: (Home) ________________________ ___ (Business) ______________________________

Name: ___________________________________________ _________________________________________
Address: __________________________________________ _________________________________________
City: ___________________________________ State: __ ________________ Zip Code: __________
Telephone Numbers: (Home) ________________________ ___ (Business) ______________________________

Name: ___________________________________________ _________________________________________
Address: __________________________________________ _________________________________________
City: ___________________________________ State: __ ________________ Zip Code: __________
Telephone Numbers: (Home) ________________________ ___ (Business) ______________________________

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) ___ Yes  __No

If answer is yes, check each agency complaint was filed with:

___ Federal Agency  ___ Federal Court  ___ State Agency
___ State Court  ___ Local Agency  ___ Other

13. Provide contact person information for the agency you also filed the complaint with:

Name: ___________________________________________ _________________________________________
Address: __________________________________________ _________________________________________
City: __________________________ State: __ ________________ Zip Code: __________
Date filed: ________________________________

_________________________ __   ______________________________
Complainant's Signature        Signature Date