

TITLE VI COMPLAINT

DICKINSON PARKS & RECREATION

Name		Phone Number					
Address	City	State	Zip				
Name of Person(s) that Discriminated against you							
Date of Incident	Location of Incident						
Address (if known)	City	State	Zip				
Reason for Discrimination							
RACE	AGE	COLOR	SEX	DISABILITY	NATIONAL ORIGIN	RETALIATION	OTHER, SPECIFY:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.							
Signature			Date				