



Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Mahnomen County Highway Department, 1440 State Highway 200, Mahnomen, MN 56557.

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_
Email: \_\_\_\_\_

Basis of Complaint (circle all that apply):

- Race, Color, Creed, Gender Identity, National Origin, Sex, Religion, Public Assistance Status, Age, Disability, Marital Status, Other, Retaliation, Low-Income, Sexual Orientation

Who discriminated against you?

Name \_\_\_\_\_
Name of Organization \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Telephone \_\_\_\_\_

How were you discriminated against? (Attach additional pages if more space is needed)

Multiple horizontal lines for text entry.

*Where did the discrimination occur?*

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*When did the discrimination occur?*

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*Were there any other witnesses to the discrimination?*

Name	Organization/Title	Work Telephone	Home Telephone

*How would you like to see this situation resolved?*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_  
Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_  
Complaint or case number, if known \_\_\_\_\_

*If you have an attorney in this matter, please provide their contact information:*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_