

TITLE VI Complaint Form

The Duluth-Superior Metropolitan Interstate Council, a division of the Arrowhead Regional Development Commission, assures that no person shall, on the grounds of race, color, or national origin as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259) be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any agency-sponsored program or activity.

An individual, or his or her representative, who believes that he or she has been subject to discrimination prohibited by Title VI and other nondiscrimination provisions, has a right to file a complaint. Complaints need to be filed within 180 calendar days of the alleged occurrence.

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail (email) Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
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
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
[] Race [] Color [] National Origin			
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			

Section III, continued

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? 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: Duluth-Superior Metropolitan Interstate Council (MIC)

Contact person: Ron Chicka Title: MIC Director, Title VI Coordinator

Telephone number: (218) 529-7506

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:

Duluth-Superior Metropolitan Interstate Council
 Ron Chicka, Title VI Coordinator
 221 W. 1st Street
 Duluth, MN 55802