CITY OF GARDEN CITY
6015 Glenwood Street ▯ Garden City, Idaho 83714
Phone 208/472-2900 ▯ Fax 208/472-2998

TITLE VI DISCRIMINATION COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "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."

Note: The following information is necessary to assist Garden City in processing your complaint. Assistance in completing this form is available upon request. Complete this form and deliver, mail, or fax to Charles I. Wadams, Garden City Attorney, at the contact information above.

SECTION 1: COMPLAINANT CONTACT/PERSONAL INFORMATION	
1. Name (last, first, m)	2. Home Phone Number
3. Home Address (street, city, state, zip code)	4. E-mail Address
5. Preferred Method of Contact	6. Best Time to Reach You
SECTION 2: REPRESENTATIVE INFORMATION	
7. Do you have a representative? ☐ Yes ☐ No	8. Is your representative an attorney? ☐ Yes ☐ No
9. Representative's Name	10. Firm's Name (*if applicable*)
11. Representative's Address	
12. Representative's Phone Number	13. Representative's Email Address
SECTION 3: COMPLAINT INFORMATION	
14. Is this a recurring discriminatory act? ☐ Yes ☐ No If yes, provide the most recent date of alleged discrimination _____ (*mm-dd-yyyy*)	
15. Department where the alleged act/event occurred	16. Date the alleged act/event occurred _____ (*mm-dd-yyyy*)

17. You are alleging discrimination on which basis? (*check all that apply and explain in item 20*) ☐ Race/Color ☐ Disability ☐ National Origin ☐ Religion ☐ Sex/Gender ☐ Other _____	18. Name of person(s) who allegedly discriminated against you
19. Please explain what happened to you (***you may use additional pages if necessary***). Attach any supporting documents to your complaint.	
20. Please explain how you would like to see this complaint resolved (***you may use additional pages if necessary***).	
21. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? ☐ Yes ☐ No	22. If yes to item 21, check all that apply: ☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency ☐ Other _____
23. Signature ☐ By checking this box, I certify that I am the individual submitting this document.	Date _____ (*mm-dd-yyyy*)