

**KOOTENAI COUNTY
TITLE VI COMPLAINT FORM**

Section 1

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Home Telephone No: (____) _____ Best time to Contact: _____

Work Telephone No: (____) _____ Best time to Contact: _____

Email address: _____

ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST.

Section 2

Are you filing this complaint on your own behalf? ___ Yes* ___ No

*If you answered yes, go to Section 3

If not, please provide the name and relationship of the person you are filing for:

Please provide why you are filing for this person: _____

Please confirm you have permission to file on their behalf: ___ Yes ___ No

Section 3

I believe the discrimination I experienced as based on (check all that apply):

() Race () Color () National Origin

Date of Alleged Discrimination: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use as many pages as needed.

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

SIGNATURE

Date

Please mail this form to:

KOOTENAI COUNTY
TITLE VI Officer
400 NORTHWEST BOULEVARD
COEUR D'ALENE, IDAHO 83814
FAX: 208.446.1039
e-Mail: cingle@kcgov.us