

## Title VI Program • City of Sheboygan

Complaint Form

<b>Section I</b>		
Name:		
Address:		
Telephone (Home/Cell):	Telephone (Work):	
Email:		
Do you require an accessible format? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TTY/TDD <input type="checkbox"/> Other		
<b>Section II</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 filing:		
Have you obtained permission from this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain why you are filing for this person:		
<b>Section III</b>		
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> national origin <input type="checkbox"/> sex <input type="checkbox"/> disability <input type="checkbox"/> age _____		
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.		

Section IV	
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	( ) Local Court
Please provide contact information for the person you spoke to at the above agency:	
Name:	Title:
Agency:	
Address:	
Telephone:	

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

Your signature and date are required below:

---

Signature Date

City of Sheboygan operates without regard to race, color, or national origin.

If you need assistance completing this form, contact the City of Sheboygan at 920-459-3361 or email [TitleVIComplaint@sheboyganwi.gov](mailto:TitleVIComplaint@sheboyganwi.gov)

Please submit this completed form in-person or by mail to:

City of Sheboygan  
 Title VI Coordinator  
 828 Center Avenue, Suite 103  
 Sheboygan, WI 53081