Title VI Complaint Form

The City of Black River Falls' Title VI Complaint Procedure is made available in the following locations:

• Hard copy at City Hall, 101 S. Second Street, Black River Falls, WI 54615

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Telephone (Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
		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 ob party if you are filing on behalf o	ggrieved	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 IV					
Have you previously filed a Title VI complaint with this agency?		?	Yes	No	
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				_	