



Discrimination Complaint Form

It is the policy of SEIRPC (SEIBUS) to not discriminate in compliance with all federal and state laws:

1. Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. Sections 12101 et seq.) and Section 504 of the Rehabilitation Act of 1973, as amended,;
2. 49 U.S.C. 5332, US DOT's Equal Employment Opportunity (EEO) regulations,;
3. Title VI of the Civil Rights Act of 1964, as amended, and
4. US DOT's Disadvantaged Business Enterprise (DBE) regulations, 49 CFR Part 26.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request by contacting SEIRPC at (319) 753-5107.

Complete this form and return to:

Southeast Iowa Regional Planning Commission
211 N Gear Avenue, Suite 100
West Burlington, IA 52601

Complainant's Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone (Home): _____ **Telephone (Work):** _____

Person(s) discriminated against Name (if other than complainant): _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone (Home): _____ **Telephone (Work):** _____

What is the discrimination based on?

- Race/Color
- National Origin
- Sex
- Disability

- Income Status
- Limited English Proficiency
- Age
- Religion

Date of the alleged discrimination: _____

Location: _____

Agency or person that was responsible for the alleged discrimination:

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged discrimination

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature: _____ **Signature Date:** _____